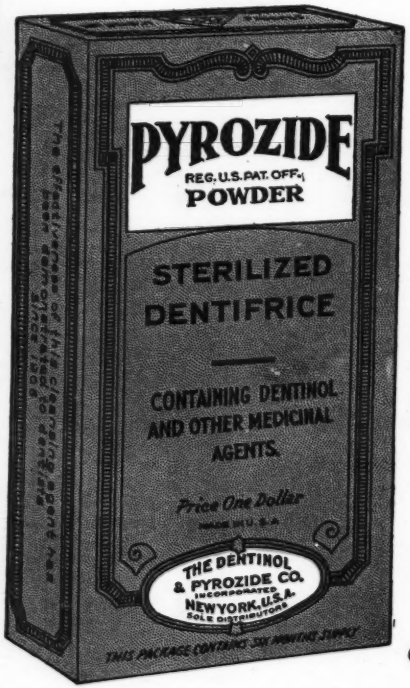
Circulation this issue 70,015

Gums that have lost their natural hardness need the stimulating action of . . .



PYROZIDE POWDER

It is medicated with Dentinol—a gum-tissue healing agent.

Gum irritation is reduced, blood circulation in the gums is increased, the teeth are kept clean and the gums hard through the daily use of Pyrozide Powder.

Prescribe
PYROZIDE POWDER
Compare Results

FREE SAMPLES COUPON

THE DENTINOL & PYROZIDE CO., INC. O.H.
(Sole Distributors)
1480 Broadway, New York, N. Y.

Please send FREE SAMPLES PYROZIDE POWDER for distribution to my patients.

Name_____ D.D.S.

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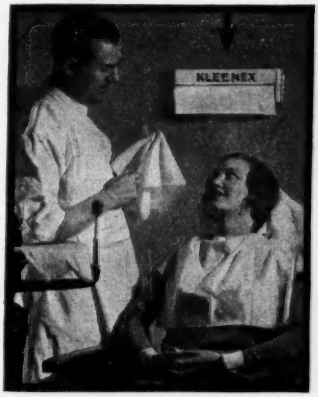
"$108 Worth of Kleenex

does the work of $502 worth of gauze and towels"

says New York specialist who buys Kleenex by the gross.



KLEENEX is an economy measure, as this New York specialist discovered to his advantage. Kleenex costs less than towels, gauze and napkins . . . and, available in two sizes, replaces these materials for almost all uses in the professional office.

Besides, Kleenex is infinitely more convenient. Always right at hand, easily reached, easily disposed of. Kleenex practically does away with laundering nuisance.

Patients prefer Kleenex. It *looks* clean, *is* clean. It has come to stand for sanitation in the minds of your patients.

Install Kleenex in your office now. Merely fill out the coupon.

How dentists use Kleenex

1. As a substitute for towels, both for personal and patients' use.
2. For wipes . . . for handkerchief use after extractions.
3. For cleaning mirrors and other instruments.
4. As an absorbent.
5. For cleaning and drying artificial plates.
6. For covering head-rest — a sanitary measure patients appreciate.

OH-3

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My supply dealer is:

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You may send me a Kleenex Cabinet free with
☐ 12 packages, 15x18 inch (912 tissues) . . . $3.50
☐ 12 packages, 9x10 inch (2,400 tissues) . . . 3.78

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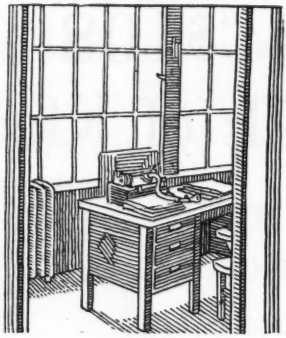
City..... *State*.....



THE *Publisher's*

No. 116

CORNER

BY MASS

WHAT a wild chaos of weaving life is.

The great loom seems set to no pattern we ants can comprehend.

Yet we eye a few threads of the ceaseless weaving and think we perceive the whole, and fashion a philosophy and defend it to the death against some brother whose philosophy reflects some threads remote from ours.

And so the vast mystic fabric flows unending from the loom.

The boundless cloth of life goes rolling by.

Our little eyes see just a little of it.

If chance places us where the skeins are dark ones —where sombre pictures form—then, in fancy, we project our little dismal picture to the size of life's whole weaving.

And are misunderstood by the more fortunate

brother who chances to sit at the loom where brighter threads weave gayer figures.

And perhaps if I go out to the kitchen and get an apple I may quit worrying about the loom of life.

* * *

"Why say that?" asks my wife, who has come in to investigate the midnight clatter, "Why not get elegant and say:

> perhaps if I ring for the butler to get me an apple . . .

—don't have yourself going out into the kitchen for one."

"What would I ring for a butler with? I love those silk ropes they pull in English plays when they want the butler to come in and show some jojo out—or when the old Earl is perishing for another cup of tea or maybe a couple of Yarmouth bloaters."

"Earls don't eat bloaters."

"Maybe not. Perhaps it was a *duke* eating a bloater I was thinking of—some kind of Englishman in a book I was reading. I remembered it because bloaters sound so hearty."

"How about your apple?"

"How about a butler?"

"It *would* be nice if we had one wouldn't it?"

"Sure. Then he could bring me a cup of tea in the morning and toast and marmalade, to help me decide

about getting up to go to the Big Business Men's Big Business Club meeting at the ORAL HYGIENE office."

"Perhaps."

"He could rummage out the least jumpy looking pair of pants for me, too; that would save time. And I'd have him get me some new marmalade too."

"Well, what ails the marmalade now?"

"He could get some that wasn't non-detachable. This kind we've got now all belongs to the same lodge—all for one and one for all. You bite at a piece of it and all the rest comes off the toast at you and hangs down your chin like one of those crinkly Egyptian beards."

"Well, if it wasn't marmalade it would be something else on your chin, so I can't see *that's* a worry. There's no use straining your credit to get a butler just to keep marmalade off your chin, you know."

"I suppose not. Well, I guess I'll get me that apple."

"The apples are down cellar—and listen! Isn't that water running in the cellar?"

* * *

"I'll say it is! The place is a foot deep—up to the second step. I remember I forgot to turn it off. I can't go any further. Rats! There goes one of my slippers; it floats, anyhow. I must have shuffled it off coming down here. What do I do about that? I can't be going around in one slipper you know. What do I do now?"

"The only thing I see is for you to throw the other

one in, I guess. You might do it without taking it off, too. I declare! Such a household! Wait—I'll get that water turned off myself . . ."

* * *

What a wild chaos of weaving life is.

The great loom seems set to no pattern we ants can comprehend.

* * *

* * *

The CORNER'S well-known inferiority complex—often way down below sea level—is raised several notches by encouragement recently received from H. R. Sturgeon of Toledo, O.; Dr. F. H. Hall, Vinton, Ia.; Miss Grace Morris, Pittsburgh; Dr. O. H. Farkasch, New York City; Ted Ash, Philadelphia; Dr. D. S. Carnahan, Pittsburgh; John Wilson, Needham, Mass.; Allan B. Stevens, Minneapolis; Dr. Hubert C. Knight, Syracuse (whose letter goes back in the pooch for further use); Jim Howze, St. Louis; Dr. Elmer Knoche, Buffalo; Dr. P. D. Brooker of Squibb's; Dr. M. E. Asger, Hong Kong (who sends a Chinese calendar); Harry Howe and Harry Chandler, New Yorkers; Dr. W. E. Franke, East Moline, Ill.; Dr. Edward C. Mills, Columbus; Dr. Whitfield, Evanston, Ill., and F. B. Cheesman of Chicago.

ORAL HYGIENE

REA PROCTOR McGEE, D.D.S., M.D., *Editor*

March, 1931

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Advertising Index appears on page 718

ORAL HYGIENE

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A Journal for Dentists

Twenty-First Year | MARCH, 1931 | Vol. 21, No. 3

"Well it may be the best for my case from your point of view, but is it what they're wearing this year?"

"Many people of intelligence and refinement will be found in advertising offices," says Dr. Mahler.

"And why are they there?" he asks.

And answers his own question:

"To them, a dentist is a dentist, whether he advertises or not."

Is every "advertising dentist" a public menace? Perhaps not. But read Dr. Mahler's views.

THE QUESTION OF THE Advertising Dentist

By

H. E. MAHLER, D.M.D.

TO the ethical men of our profession, the ever-increasing menace of the advertiser has made itself felt in many ways; and yet the attitude in general has been a policy of do nothing, say nothing, until the advertising offices are increasing by leaps and bounds all over the country. Once started, few of them seem to fail.

The reason for their success is simple. The public is sold on advertising. It has been taught to believe that advertising pays and that truthful advertising is being carried on by all large concerns. It applies this reasoning to the advertising dentists and, not knowing the difference between ethical and unethical dentistry, it flocks to the advertising office while the ethical men across the street sit and look on helplessly.

The fault lies largely with the dentists. How many times

do we hear the statement: "Only the people who would be undesirable patients go to the advertising offices, so it is nothing to worry about." This is pure bunk and those who make that statement are only fooling themselves; for they will find, on close investigation, that the class of patients the advertising dentists draw is the same as the average dentist will handle. Many people of intelligence and refinement will be found as patients in advertising offices.

And why are they there?

Simply because they do not know the difference.

To them, a dentist is a dentist, whether he advertises or not. And the sad part of it is that if the patient who goes to the advertising office has an unfortunate experience, as many of them do, then all dentists are judged by that.

There is apparently only one way that the advertiser can be fought, and that is by using the same tactics that he uses, and by that I mean *advertising*. It seems impossible to stop their activities by legislation as, so far, most of these efforts have failed. It is apparently impossible to convince enough members of the various state legislatures that the advertisers are a menace, or to cause any legislation to be passed regulating them.

What can we do? Advertising itself is the only possible method of attack, and, by advertising, I mean educational advertising only. The true facts relating to the advertising dentist must be published;* and it can only be done under the auspices of a large organization, such as the A.D.A., for this educational work will have to be national in scope. We must get the facts before the public.

The advertiser is making great use of the newest medium, the radio. We should do likewise. How is the public to know if we do not tell it? A dentist may inform his own patients of the difference, but the advertiser, on the other hand, through the press and radio reaches many thousands.

The A.D.A. should draw up all the facts relative to the advertiser in a series of articles, carefully worded, so that no libel could be charged, and should seek to present the cold, hard facts about the difference between ethical and unethical dentists in such a manner that the public would understand. Then when people are in full possession of the facts, they can do as they choose.

We hear much talk of educating the patient about the necessity for prevention of this, that, and the other thing; but there is no talk of educating the patient about the ethics of dentistry, nor the difference between a reputable member of

*Unfortunately, almost all the states have laws prescribing severe penalties for public reflections upon the ability or intent of any one who is lawfully pursuing any kind of business, labor or profession.—*Editor,* ORAL HYGIENE.

the profession and those in disrepute.

I feel that we should stress the fact that the A.D.A. is to dentistry what the A.M.A. is to medicine and that no unethical man can belong to either. In other words, we should try to convince the public that membership in the A.D.A. is its protection and to see that it chooses dentists who are members.

We have too long regarded this problem with an apathy which is resulting in a great growth of advertising dentistry which has forged ahead just as other nationally advertised products have done. And just because our public believes in advertising and in buying advertised products, I sincerely believe that the average citizen, were he placed in possession of the true facts relating to dentistry, would have intelligence enough to see the light.

It is high time that something be done! It is our duty to do it. If it is our duty to preach preventive dentistry to the patient in order to protect his health, it is also our greater duty to protect him against the operations of the quack, against whom the patient has absolutely no protection.

Dr. Peyser's Solution

I have read with keen interest the article, "An American Committee on Dental Public Relations," in the November issue of *The Dental Cosmos* and I feel impelled to state it is one of the few papers which frankly and intelligently discuss the economic situation confronting the professional man. What Dr. Peyser has so clearly and definitely pointed out concerning the dental profession also applies to the medical profession.

If we are to avoid state medicine, something definite should be done *now* before it is too late. If the approach to the problem will take into account the suggestions made by Dr. Peyser, I believe that considerable distress in the future will be avoided. To carry on in the practice of medicine and to have the co-operation of the great public will require understanding between the profession and the masses of people who make up the public. A philosophy of the 1930 standard instead of one characteristic of the period of the ancients must govern such understanding.

It is my hope that some of the students of economics will exhibit sufficient interest and develop enough initiative to proceed toward a proper solution of the difficult situation under which the professions now labor. Only in this way will the widespread dissatisfaction be ameliorated and the relations between the public and the professions be improved.—L. WINFIELD KOHN, M.D., *New York, N. Y.*

The ECONOMIC GAIETIES *of* 1931

By MICHAEL PEYSER, D. D. S.

Dr. Peyser's article in November Dental Cosmos created quite a stir.

He has submitted this second article to ORAL HYGIENE.

Although ORAL HYGIENE *has supported, and will continue to support, the economic work the A. D. A. is doing, we are glad to present Dr. Peyser's views.*

His lively interest in the Panel Dentistry question will contribute toward a solution of this problem which was first presented to the profession in the May and June issues of ORAL HYGIENE *last year.*

ORAL HYGIENE in its Twentieth Anniversary issue (January, 1931) justly boasts of its May, 1930, number because of the article, "Panel Dentistry," in that issue.*

That article was the jumping-off place for my own paper in the November, 1930, issue of *The Dental Cosmos,* entitled, "An American Committee On Dental Public Relations."†

One would think and hope that my paper, since it advocated a revolutionary solution to an old dental problem, and yet despite this, published in the dignified, scientific *Dental Cosmos,* would draw forth a barrage of criticism, praise, damnation, and disputatious denials from the big shots of the profession, especially the big guns of the A. D. A. It did draw, in the way of personal letters, a great deal of praise, and one letter of condemnation; but the A. D. A. boys are silent as the Sphinx. Silence, deep and impenetrable reigns, silence and

*ORAL HYGIENE, May, 1930, p. 981; June, 1930, p. 1235. See also pp. 1724, 2191, 2388.

†The author will gladly mail reprints of this paper to anyone requesting them. His address is 219-21 Jamaica Avenue, Queens Village, Long Island.

gloom with not a peep. And mind you, in my paper I openly denied the right of the A. D. A., as an organization, to meddle in the solution of this problem.

Dr. C. N. Johnson, the editor of the *Journal of the A.D.A.*, says in the January, 1931, issue:

> This is a professional publication not given to the discussion of civic or industrial matters, but there are very few of our nearly 40,000 readers who are not affected —many of them vitally so—by the present economic and social upheaval. And the question may well be asked—How many of them are doing anything to help the situation? As Mark Twain said of the weather: "Everybody is discussing it, but no one seems to be doing anything about it."

He then proceeds to answer his own question by saying:

> Let us get back to fundamental honesty and pay our just debts without trying to hide behind every subterfuge to evade legitimate obligations. And let us work, every one of us, faithfully and loyally in a constructive way with the determination to give legitimate service for every dollar that we receive. In the recent past, there has been too great a tendency to try to get a living without working, and such a system never did work and never will. Let us have faith in the future. This country is not going on the rocks. It has as much material wealth as it ever had, and all we need to do is to change our mental attitude, look facts in the face . . ."

This is all very well and good, but will it lead to immediate relief for the thousands of dentists suffering from economic ills?

The A. D. A. may answer such criticism by saying that the A. D. A., in co-operation with the Committee on the Costs of Medical Care, is conducting a survey on the question of dental economics. Statistics and more statistics! I have read some of these preliminary reports, and I shall answer them all by quoting the words of Henry Clay, a noted British economist and an executive of the Bank of England: "Statistics are no substitute for judgment." The A. D. A., like some of our great political leaders, tosses the hot potato of a vexatious problem from one hand to another, and finally, in its sheer helplessness, throws it into the lap of a commission to "investigate and report." We are waiting, but meanwhile we are thinking.

Dr. L. Pierce Anthony in his masterful editorial, "Panel Dentistry," in the November, 1930, issue of *The Dental Cosmos*, undoubtedly exploded some fond theories with his straightforward statements. It takes no great amount of salesmanship to prove that a Cadillac V-16 is a beautiful car, a wonderful car to ride in, in fact, one of the finest cars in the world. But it takes more than mere words to convince the customer that he has the money required to buy it. Teachers of dental economics and office management, please take notice.

A beautiful, clean, well managed office, good work, good personality, etc., and a couple

more et ceteras, will give the young dentist a chance for success. This is the gist of what "Ex-Dentist" says in the January, 1931, issue of ORAL HYGIENE*. But he also intimates that it is not a sure method.

In the January, 1931, issue of *The Dental Cosmos* are papers by Doctors Musburger, Boise, and Ogilvie. Do any of the papers answer the questions I raised in my paper, "An American Committee on Dental Public Relations?" I answered them. Has anyone come forth with criticism, dispute, or contradiction? Yes, one lonely voice from far-off England. Dr. H. J. Morris, of Sheffield, England, in the January, 1931, issue of the *Cosmos* indignantly rebukes Dr. Anthony and me for our views on panel dentistry. And then Dr. Morris asks two questions:

> This great scheme (panel dentistry) works practically without state interference, and it says much for the organizing ability and good will of both sides that it works with so little friction and enables so many poor people to obtain dental services who otherwise could not get proper attention. It is easy to criticize, but have you anything better?
>
> Have you done anything at all on this scale for your poorer classes? Have you even a universal state dental service for the school children, to compare with ours, which has been working efficiently for so many years? We do not talk much about it to the outside world, but we do deliver the goods which the people want.

*ORAL HYGIENE, January, 1931, p. 52.

Well, fellow American dentists, read 'em and weep!

In my plan for the solution of the problem I emphasized the public health aspect and the public's interest as vital factors. Some support has come from unexpected sources, but not, however, from so-called leaders in the dental profession.

Dr. John A. Hartwell, president of the New York Academy of Medicine, told the Academy at its annual meeting:

> There can be no gainsaying the fact that in the last analysis, the health of the community and the individual is a matter of public concern in which every individual, whether well or ill, has an active and definite interest.

I wrote to Dr. Morris, of Sheffield, England, in answer to his letter. I said that if my paper and Dr. Anthony's editorial did only one thing, that is, debunk American dentistry, our efforts would be amply repaid.

And what a devastatingly satirical piece of debunking is Dr. Ryan's paper in the January, 1931, ORAL HYGIENE entitled, "The Reformer's Complex Comes to Dentistry."*

"Times of emergency are not occasions for soft speaking or soft stepping," says Dr. Ryan; and further on Dr. Ryan quotes Glen Frank, president of the University of Wisconsin, as follows:

*ORAL HYGIENE, January, 1931, p. 69, An analysis of Dr. Alfred Owre's (Dean of the Dental Department) report to the Trustees of Columbia University.

. . . unless adequate medical statesmanship is brought to the direction of the present Medical Revolution by the men now in the profession, we may lose many of the rarest values evolved by the old practitioner of the art of medicine, and it may happen that a vast high-powered medical machine, under the sponsorship of industries, insurance companies, and governments, will enter the field and subject the private practitioners of medicine to a ruinous competition they will be unable to meet.

In spite of all this, an F. A. C. D., in commenting on my paper, says:

The financial condition of dentistry is not a factor on this problem at all. This is a health question and, therefore, a social problem and has nothing to do with the financial condition of dentists. Our profession should play a small part in this educational program. We must recognize this. We must stop prattling about our financial embarrassment. Personally I believe that it is largely our own fault.

This man (I cannot mention his name because I quote from a private communication) has the audacity to proclaim that the economic insecurity of the dental profession is no factor in our problem today. Dr. Owre and this F. A. C. D. are "brothers under the skin." I mention all this to show what sympathy, or aid, the ordinary general practitioner can expect from the highbrows.

Let us face real facts and show our true selves, naked and unashamed. Our impotence as a public health factor is known to us all; our economic weakness is a fact; our public on the average is too poor to pay for our services. We do not need statistics to prove these facts. We do not need platitudes, or propaganda for mouth hygiene. Amos 'n' Andy are doing more in that line than we can ever do. But Amos 'n' Andy and all our preachments to the public does not help the white collar man pay his family dental bill.

There we stand, sixty thousand dentists! The musical comedy, *Fifty Million Frenchmen,* meant fifty million Frenchmen *can't* be wrong! But here we are; sixty thousand dentists *can* be wrong!

Forewarned

I am glad to be able to say that Panel Dentistry has not yet sent even its faintest streak to the dental profession of the Philippines. I fear, however, that it is fast coming in, now that it is imminent in the United States. ORAL HYGIENE's early and close study of the subject has given the dentists of the Islands some first-hand information and ample time to prepare and be ready when the occasion demands. "Forewarned is forearmed," you know; so, many thanks to ORAL HYGIENE.—FERNANDO M. CABRÁL, D.D.S., *Manila, P. I.*

A Debate on DENTISTRY *as a part of* MEDICINE

By a Staff Reporter

THE much discussed subject, "Does Society Stand to Benefit Were Future Dentistry to be Practiced as a Specialty in Medicine?" formed the topic of a debate at the January 15, 1931, meeting of the Harlem Dental Society.

Dr. A. T. Rasmussen, of LaCrosse, Wisconsin, a prominent proponent of the stomatological movement upheld the affirmative; Dr. Maurice William, of New York City, a leader in the activities of the Harlem Dental Society, supported the autonomists' viewpoint. The meeting was held at the New York Academy of Medicine, at 103d Street and Fifth Avenue.

If the convictions or approval of those who listened to this highly charged debate can be judged from the apportionment of the applause—and in the absence of a formal decision that remains the only key to the merits of the arguments presented—it seems that dentistry is soon to be united to medicine as a specialty, with the same status as the other specialties of ophthalmology, gynecology, rhinology, pediatrics, etc.

The debate was a sweeping victory for the integrationists of the so-called stomatology school over the conventional and static autonomy school. From the very beginning it was apparent that Dr. Rasmussen had won the audience by his reasoning.

Dr. Rasmussen opened the debate with a presentation that clearly defined his position as to the status of dentistry. He said that dentistry is a branch of the healing art, and deals with the same type of bodily tissues which are governed by the same laws of Nature, as does any other medical specialty. There is, he said, no valid reason for the division of conventional medicine into medical science and dentistry; it was only because of political intrigue and smugness that the medical department of the University of Maryland in 1839 refused to allow the teaching of dentistry

under its auspices. Since that date dentistry has remained an entity unto itself; but, nevertheless, has closely allied itself with medicine in the education of the student, he declared.

Appreciating the economic situation involved in the negative aspect of the question, Dr. Rasmussen explained that the cost to the student would necessitate an increase of about 2 per cent only in his present fees as a practitioner and that a person who is sick is happy to get well at any cost. Dentally diseased patients are just as sick as persons suffering from any other afflictions, he declared. Dr. Rasmussen also stated that dentistry is not a luxury but a health service, comparable to any other type of health service. Generous applause greeted the presentation of the affirmative view.

Ignoring the preliminary remarks of the Chairman of the Harlem Dental Society, that the presentation of the negative was not to be a rebuttal but a presentation of facts supporting that view, Dr. Maurice William waded right into Dr. Rasmussen's remarks with many refutations and challenges. The main point advanced by the negative advocate was that dentistry is an entity in itself—it is not a healing art. Dentistry deals with tissues that do not repair themselves. Dentistry is in fact a pure and simple reparative and replacement art—that of restoring lost tissues by artificial substitutes. In fact, he said, dentistry has no common ground with medicine which deals with tissues that have the power of repair and assumption of original form and utility.

Attacking the economic angle, Dr. William contended that where dentistry is practiced as a division of medicine—in European countries — the work done is mediocre and inferior to that of dentistry as it is practiced by the dental profession here. In fact, persons of means prefer the services of American-trained dentists to that of their native medico-dental specialists. This, he said, could only be construed to mean that being a jack of all trades is to be master of none. Furthermore, Dr. William contended that the cost of education to train such dentists in the United States would prohibit the use of dental service to even the present 20 per cent who are now utilizing it. This was said on the grounds that dentistry is still a luxury and not a necessity.

In rebuttal, Dr. Rasmussen handled Dr. William's challenges in a manner which brought prolonged applause. Taking up Dr. William's assertion that dentistry is not a healing art, Dr. Rasmussen asked, "Is it possible that New York dentistry consists only of adult dentistry—dentistry that comprises only the sale of dental materials? Is it possible that preventive dentistry is not being practiced in New York? Surely, preventive dentistry consists of utilizing Nature's processes in

inhibiting or preventing the loss of dental tissues. Surely, the tissues surrounding the dental organs and the dental pulp itself are amenable to the laws of Nature. And, furthermore, has no dentist in New York ever seen decay that has been arrested in some inexplicable manner? Surely, the dentist did not do this mechanically; it was Nature at work. It is needless to say that dentistry is a healing art and that dentists are not mere salesmen of restorations."

In rebuttal, Dr. William reiterated his former premises that dentistry is not a healing art, but consists of scientific technical procedures for the restoration of lost tooth structure or the replacement of those organs.

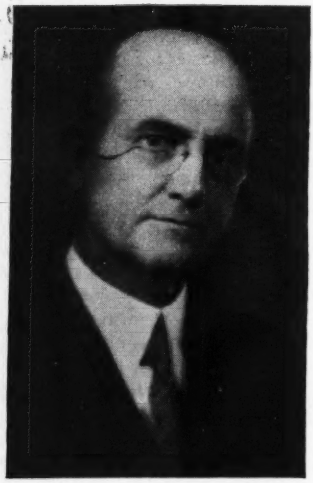
He added that it was not the degree which was bestowed upon a man, but the knowledge that the man possessed that counted. He declared that dentistry in the United States is a separate profession and is more advanced in this country than in any other, regardless of whether the practitioners have the M.D. degree or any other degree. This, he claimed, proved the adequacy of present dental education and the lack of any necessity for integrating dentistry with medicine for its supposed benefits to society.

When the meeting was thrown open for discussion, Dr. William D. Tracy was called upon to present his views. While admitting that the affirmative, as set forth by Dr. Rasmussen, coincided with the opinion he had held personally for a long time, he added that he was unpleasantly surprised at the poor defense put forth by Dr. William, who has been in the past a self-avowed and persistent autonomist.

Dr. Theodor Blum, well-known oral surgeon possessing both the M.D. and D.D.S. degrees, said that he thoroughly believed in specialization but disagreed with both views. He disagreed with Dr. William in that he believed dentistry should be taught as a basic medical science; and he disagreed with Dr. Rasmussen in that he thought a student should be qualified to practise a specialty without going through all other phases of medicine. He presented the idea that a student should be taught a profession from the time he leaves high school—that there should be no time wasted on pre-dental or pre-medical education, as the courses taught as preliminary work were absolutely useless and prevented society from benefiting from the lower priced services which would result from a shorter period of education.

Thank You!

I wish to congratulate you on the 20th Anniversary of ORAL HYGIENE and on its service to the dental profession. You have done splendid work.—W. C. HOUSTON, D.D.S., *Concord, N. C.*



Dr. Edward C. Mills

Because He Loves BOOKS

For a quarter-century Dr. Mills has had a hobby: The Ohio Dental Library.

By JAMES M. CHALFANT

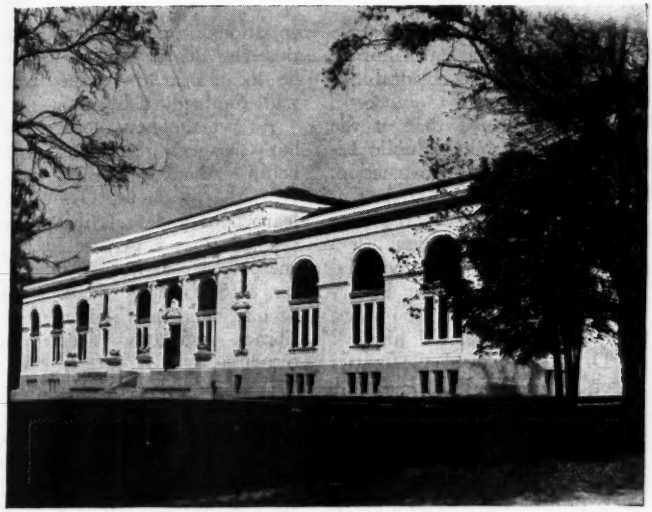
Without books the past would be as a blank, the present as a pageant that passes by and is forgotten. They chronicle the aggregate experience of the world; what it has done and felt and suffered. They connect one age with another, they establish a sympathy between the present and the remote past; by them the voice of instruction comes down to us through the long lapse of time . . . Books are embalmed minds. They make the great of other days our teachers. —*Bovee*

In books lies the soul of the whole past time: the articulate, audible voice of the past, when the body and material substance of it has altogether vanished like a dream. All that mankind has done, thought, gained, or been: it is lying as in magic preservation in the pages of books. —*Carlyle*

CIVILIZATION is cumulative. Each generation stands upon the shoulders of the generation preceding, and largely because of the magic of the printed word. What a debt, therefore, society owes to its book-lovers, collectors, and keepers through the years of the world's most precious wealth—ideas and knowledge!

If the general literature of the world is a priceless possession, as no one will deny, it is equally true that, as society has grown almost inconceivably complicated, the specialized literatures which have been evolved have also become of the utmost value to the students of their respective fields, whatever they may be.

So it is that the dental profession owes a genuine debt of gratitude to those who have had the foresight, the energy, and the perseverance to preserve for



The Ohio Dental Library is housed in the Columbus Public Library, shown above.

succeeding generations the printed record of dental thought and accomplishment.

Among the most zealous and indefatigable of American dental librarians, surely, is Dr. Edward C. Mills, of Columbus, Ohio, secretary of the Ohio State Dental Library Association. One of its founders, Dr. Mills has served his association continuously for a quarter of a century with undiminished enthusiasm. As long ago as 1909, Dr. Mills was considered authority enough on dental literature to be invited to contribute to Koch's "History of Dental Surgery," and wrote a 10,000 word treatise entitled "Historical Review of Dental Literature."

The Ohio Dental Library has had an interesting history. It is probably the first dental library to be housed in a public library, having always been located in the Columbus Public Library. Like most things of far-reaching significance, it began merely with somebody's idea.

That somebody was Dr. Mills. Back in 1903, an old bookseller died—he was Sam Wilson, who ran a shop on South Fourth Street, Columbus. Dr. Mills came into possession of a part of his stock of books. In disposing of these, Dr. Mills retained about half a dozen volumes on dentistry, among them Fitch's "Operative Dentistry." It occurred to him that those

few volumes might well serve as the nucleus of a dental library for the Columbus Dental Society.

It so happened that at the time the Columbus Public Library was under construction. It was learned also that the Columbus Academy of Medicine was taking steps to establish a medical library in the new institution. If the public library was to house a medical library, why not also a dental library?

Dr. Mills talked the matter over with Dr. W. H. Todd, who was then very prominent and influential in Columbus dental circles. He concurred with the idea of the proposed new project, as did also John J. Pugh, librarian of the Columbus Public Library, when the matter was broached to him.

Thus encouraged, the initiators of the movement sent out the following notice:

Columbus, Ohio
January 23, 1905

There will be a meeting of the Dentists of Columbus, Thursday, January 26th, 7:30 P. M., at H. G. Fitzgerald's Dental Depot, 25 Wesley Block, to consider establishing a Dental Library in the new Carnegie Library building.

We hope you will take a personal interest in this matter and be present.

E. C. Mills
F. R. Chapman

At the meeting thus called, the organization was effected and given the name of the Ohio Dental Library Association. A committee was appointed to confer with the trustees of the public library. After some negotiations, it was finally settled that the dental library should be located in the same room with the medical library.

As yet the new library was but meagerly supplied with books. About this time, however, the president, Dr. Todd, learned of a dental library for sale. It was a private library, the property of Dr. A. H. Fuller, of St. Louis, and consisted of 625 volumes. This the new library association decided to purchase.

A query to Dr. Fuller ascertained that he wanted $500 for his collection. A campaign was immediately started to raise this sum by subscription among the membership. The sum of $475 was finally secured. This amount was offered to Dr. Fuller for his books, and was accepted. So in due time the Fuller collection arrived at Columbus and was placed in the Association's division of the public library.

From the outset of the library venture, Dr. Mills and his associates realized the value of the public character of the enterprise. They knew that a purely private library could expect little outside aid, but that a great many persons and agencies would lend aid to a library of more general usefulness. They were right. A great many of the library's accessions have been gifts from all parts of the country.

On September 8, 1909, the following circular letter was sent to the profession through the

leading dental journals and the Forty-first Annual Meeting of the Ohio State Dental Society:

A PUBLIC DENTAL LIBRARY IN THE CITY OF COLUMBUS, OHIO

The trustees of the new Columbus Carnegie Library, a handsome structure costing $250,000, have set apart a room 40 x 60 ft. for the exclusive use of a medical and dental library.

Columbus, being centrally located and of easy access to the majority of dentists in the state, should be the home of what the dental profession has hitherto been without: a library complete in all the literature of the profession, making it invaluable for research and reference.

The local dentists have organized a Dental Library Association for the express purpose of bringing this matter to a successful issue, and the work thus far accomplished far exceeds our expectations. The Columbus dentists alone have donated $500 in cash and a number of books and magazines.

To make this library complete in embracing all known works pertaining to our specialty and complete files of all the journals published, we desire the co-operation of every dentist in the state. Any old and rare works, copies of old journals, etc., will be gratefully received, inscribed with the name of the donor, and recorded to his credit in the library catalogue.

Please communicate with us concerning any literature that you can donate to this cause, giving titles and authors of books; names and dates of journals, etc. In case of duplication, they will be invaluable for exchange with other libraries.

This circular letter received a liberal response in donations of periodical journals, and placed in the possession of the library thousands of duplicates. These have been liberally exchanged with other libraries, in some instances, gratuitously, to encourage the establishment of a dental library. There is scarcely a library, from coast to coast, to which this library association has not rendered a service.

The financial arrangement with the public library's trustees has always been that the association should pay an annual rental of $50 for the use of the room, but that in lieu of the cash, $50 worth of dental literature should be bought for the library. Actually, of course, the value of each year's accessions exceeds this figure. With this very modest annual figure only for purchases, and with gifts from friends and well-wishers everywhere, the library has grown steadily until at the beginning of 1930 it had 2,226 bound volumes of dental literature.

It should be made plain that a system of double registration is in force. Besides the dental library's accession record, each book has a general library accession number. Thus the books become the property of the city of Columbus. The double registration was decided upon for the purpose of perpetuating the collection in the capital city of the state, though not only Columbus dentists but members of the State and the National Associations may avail themselves of its facilities. The wisdom of this decision has already been tested. Some years

ago, a great deal of agitation was put on foot to remove the dental library to another city. The association urging the change has since disbanded so that it seems certain that, had its leaders had their way, the library would probably have been dispersed and ruined.

Aside from the splendid cooperation of the Columbus Public Library, there is only one reason why the dentists of Columbus and Ohio have been able to have this research library made available to them at the insignificant cost of $50 per year. That reason is again Dr. Mills. The library has been his hobby, one source of recreation. All these years he has been and is an active dental practitioner, but the hours of studious research and painstaking attention to tedious details he has spent in the interests of the library are beyond computation.

For many years his name was on the mailing lists of practically every used-book dealer of any consequence in both England and the United States. In the earlier years of his collecting, Dr. Mills procured quite a few volumes through these sources. Of late it has been only rarely that these book dealers have been able to pick up for him any dental volumes not already in the possession of the library.

No labor has been too arduous for him to perform in the carrying out of his purpose. Occasionally, after long search, Dr. Mills has landed a book, only to find it an imperfect copy, with pages missing. Undeterred by such a circumstance, he has located the owner of a perfect copy and arranged to borrow the book in order to get a transcript of the text of the missing pages. This material is then typed on pages uniform in size with those of the book itself. They are then bound into the book, and Dr. Mills has another perfect copy to add to his jewels of which he is so proud and which mean so very much to him.

No collector of any rare thing, I believe, has more genuine pleasure in an accession to his store of treasures than has Dr. Mills when his searching is rewarded by another dental text, or a rare issue of some half-forgotten dental journal. And few collectors of any sort, I imagine, are more thoroughly immersed, more deeply versed in the lore of their particular subject.

He collects not only with an eye to the present, but also to the future. A dozen great, fat bound volumes contain miscellaneous dental pamphlets, indexed and arranged with the most meticulous care imaginable. "These are rare, already," he remarks, "but just think how utterly impossible it will be to duplicate some of these things in the years to come!" His slogan seems to be, "They shall not pass!—they shall not pass into oblivion, these dental treatises of the past and present

which may mean so much to students of dentistry yet unborn!"

Among the dental periodicals, for instance, the Ohio Dental Library has a file of the first dental journal to be published, the *American Journal of Dental Science,* founded in 1839, complete except for one number. And Dr. Mills believes he is going to locate that lone missing number, eventually.

He has been able to dig up the majority of the numbers of most of the old dental journals, and to get virtually everything currently published in the English language. In some instances a considerable number of different journals — those short-lived journals which lasted for only one or perhaps two or three issues—are bound together in one fat volume as "Miscellaneous Dental Journals," and supplied with an index to facilitate research in them. And, of course, a card index of the entire collection has been prepared.

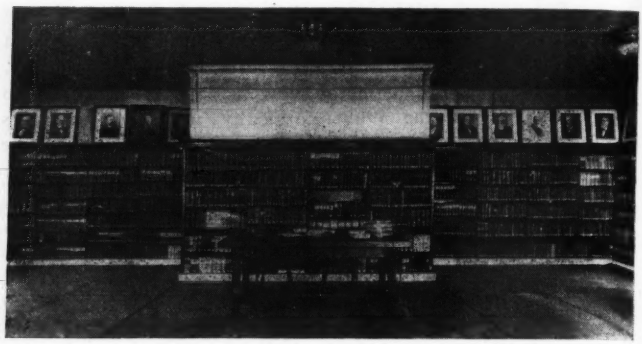
It was formerly Dr. Mills' policy to keep on file in the dental library room all the current issues of the various dental journals. He ran into difficulties with this policy, however. At the end of the year, when he assembled his magazines for the bindery, he generally found a few issues missing. This was both embarrassing and bothersome, so he has reduced the chances of such unpleasantness by having all current periodicals charged from the main desk of the library. Now he experiences almost no difficulty in having his files complete when it comes time to bind the year's issues.

Columbus dentists and the dental profession of Ohio generally feel that the Ohio Dental Library constitutes a very definite asset. Just how much they value it, they really would not realize until something was done towards disposing of it. In the year 1928, the report of the Library Committee shows the figure on the use of the dental section for reference work was 635; and during the same year there were 540 individual calls for service. Incidentally, too, the library room is used as the very convenient down-town meeting place of the Columbus Dental Society, with a membership of about 170.

The meetings are held on the last Tuesday of each month, except during July and August; the average turnout for the meetings is from 40 to 50 members.

Obviously, what Dr. Mills and the Ohio Dental Library Association have been able to do for the profession in their locality can be done elsewhere —if the price of genuine interest and earnest effort is paid.

And now, since this story of a man and a library was pre-



Interior of Ohio Dental Library.

faced by quotations referring to books, perhaps it will be appropriate to bring it to an end with another quotation, this time referring to the man:

> Life affords no higher pleasure than that of surmounting difficulties, passing from one step of success to another, forming new wishes and seeing them gratified. He that labors in any great or laudable undertaking has his fatigues first supported by hope and afterwards rewarded by joy.
>
> —*Johnson*

True, Dr. Mills has never received a nickel for his quarter of a century as librarian. But has he been paid for all his hard work? Just ask him! Or watch him at his work a while —and you won't need to ask!

Keeping Abreast

In some mysterious way the copies of ORAL HYGIENE, which contained the series* of the trial between the various Scrupulous and Unscrupulous Competents and Incompetents have been mislaid, never to be found I fear. I would take it very kindly if you could find some way in which I might get a copy of the entire series so that I may preserve it for future perusing.

Let me take this opportunity of telling you how much I enjoy reading our favorite little book which comes through the mail with periodic regularity! It is a very vital factor in keeping abreast of the times, which is an integral part of the obligation every professional man assumes when he enters the field.—IRA M. SMITH, D.D.S., *Chicago, Ill.*

*ORAL HYGIENE, August, 1930, p. 1700. September, 1930, p. 1942. October, 1930, p. 2159.

III—DILEMMAS OF DENTISTRY

The Case *of* DR. PAGE

By
EX-DENTIST

The first of the case-histories promised last month.

These deal in a new way with administrative, ethical, and financial problems of dental practice.

The author is a successful ex-dentist living in New York City.

MY first year of dental practice exceeded my expectations. I not only paid expenses but also managed to save a little. This prosperity was due, in large part, to the good influence of some of my friends who were officials and foremen of a nearby industrial plant. About a year after I started to practice, this plant closed down, and the employees were transferred to a branch of the same company in another city.

This abruptly terminated my prosperity. I made some effort to revive it by joining two of the local clubs and a church. My memberships in these organizations produced a small amount of patronage, but not sufficient to repair the previous loss of patients. About a year after the closing of the plant, I concluded that there was little chance of success for me in the district and decided to locate elsewhere.

After some investigation, I opened another dental office in a new building located in the heart of a well settled middle-class suburban residental district that had been built up twelve years earlier. Most of the people seemed prosperous and owned their own homes. There were few business buildings in the district, but the one in which my office was located was the most imposing and accessible. The immediate district had a population of about eight thousand and contained three other dentists.

During the first three months I had only an occasional patient. I was just starting to become

despondent when I formed a rather warm friendship with the grocer around the corner from my office. This grocer, a butcher, a druggist, and a dry goods merchant met each week for a friendly game of cards. This group was made up of the earliest business settlers of the district and commanded the largest and best retail trade.

The grocer introduced me to his friends, who also seemed to take a liking to me; and in a short time I was privileged to sit in at their weekly card parties. Naturally they discussed their respective businesses, and when they inquired about my progress, I admitted that things were slow. Out of the kindness of their hearts, they offered to recommend me to their customers.

I was pleasantly surprised at the results of their efforts. Hardly a day passed without the arrival of some new patients recommended by one of these merchants. In a short time I became fairly busy. Being well and warmly recommended by my self-appointed sponsors, the patients came to me in the right frame of mind, prepared to accept my advice, and to pay fair fees; and as my friends would not recommend any but their good customers to me, I had very little trouble with collections.

Everything was going well when a building boom of just a little better type of homes than those in my district started about four miles away. Quite a few of these new homes were purchased by people in my district, who, in turn, sold their old homes to people in other districts. No one attached much importance to this real estate activity for some time. However, the purchase of better homes by a small number of the old home owners developed a competitive spirit for the acquisition of better homes throughout the community. Within a year or so, many of the more desirable people had moved to finer dwellings in various other districts. Their old homes were sold, for the most part, to foreign-speaking people.

Gradually, the district assumed an unkempt appearance; the merchants complained of poor business. The friends who had been recommending patients to me had lost the majority of their own customers.

The foreign newcomers did not patronize the old establishments, but opened small, flimsy ones of their own.

In this exodus, most of my patients had moved to other districts, and my friends had lost ability to recommend me to others who would take the place of my former patients. Some of the foreign-speaking newcomers came to my office for treatment, but I could make little headway with them because we could not understand each other well and because they placed little value on dentistry.

As a consequence of all these unforeseen changes, my practice

dwindled away to a point where my fees did not equal my expenses. It seemed necessary to move my location again.

As the practice in my first two dental offices had been destroyed through changes in neighborhood conditions, I determined that my next office should be in the central business district of some large city. This, I thought, would enable me to draw patronage from several neighborhoods; and if any one of them became adversely affected, my practice from the others would remain intact.

Finally, I decided upon a location in a city with a population of about one million people. My office was situated on the corner of two principal thoroughfares that carried a very large amount of traffic. It was on the second floor and my modest sign was easily discernible from the street.

I was very much disappointed at the small number of patients who visited my office during the first few months; and still more disappointed in my results with them. Most of them dropped in just to obtain estimates. They would walk in and ask the cost of an extraction, or a filling, or whatever else they thought they needed. If I suggested an examination, they would say: "Never mind looking, Doctor, I just wanted to know the price."

At first, I refused to stipulate fees prior to examination. Later, however, in my anxiety, I occasionally took a chance, but the results were very little better. On quoting a fee, patients would usually state that they would be back, or that they knew some other dentist who would do the work more reasonably.

Quoting fees before examination caused me a bit of trouble in two instances. One was the extraction of a tooth involving a comparatively large area of infection. My fee for the extraction with a local anesthetic was two dollars. I spent fully one hour with the patient at the time of the operation and thereafter gave him twelve postoperative treatments without further charge. The fee in this case averaged fifteen cents per visit; and, in the end, the patient thought I was a poor specimen of a dentist. In fact, for a while I feared that he might institute a malpractice suit.

The other case was a "bleeder." The secondary hemorrhage started about eight in the evening, and the patient was taken to the hospital at five the following morning. The attending physician told me it was a close shave. I paid one hundred dollars in this case to avoid a suit. I found out later that the patient had suffered from hemorrhage in previous extractions.

I learned to call the patients who insisted on preliminary estimates "shoppers." Many of them were perfectly frank and stated that they would have the work done by the dentist quot-

ing the lowest estimate. Others shopped more subtly.

I found this attitude on fees very trying. Arranging fees was never one of my strong points. In applying for my first job as a boy to work for a grocer, I was asked what wages I wanted. When I asked for six dollars per week, which was the usual wage at that time, the grocer turned to me sternly and said: "You are not worth six dollars; I do not think that you are worth three, but I will start you at four. See that you work hard!" So poor was my financial spirit then that I meekly accepted the position, and I have continued to feel the bad influence of that acceptance to this day. Whenever a patient has asked me to stipulate a fee, I have felt usually that I was being asked to place a value on myself; that I was asking for a job; and that the patient might say, or think, that I was not worth what I asked.

This inferiority complex has haunted me through my entire career as a dentist. Even when doing work for the friendly patients in my first two locations, the fee element tortured me. When patients paid their accounts without remark, I was depressed by the thought that they might consider them too high.

Subconsciously, I was always looking for excuses to lower my fee. If I made a first mental estimate of a fee at seventy dollars, for instance, my inferiority complex would gnaw it down to fifty dollars, and at the last moment, my fear might even force it down to forty dollars, or less.

Frequently, when working on patients prior to, or without arranging a fee, my mind was so filled with speculations regarding the fee and how I would present it that the quality of my work was appreciably affected.

With the friendly and confiding patients in my first two practices, this mental agitation regarding fees was partly submerged, but in this city office the attitude of the patients forced it to the surface. At lunch one day, I discussed this problem with another young dentist practicing in the same vicinity, and he advised me to get "hard boiled," to learn to give the patients health talks, and to take a course in salesmanship. I took the course, outlined some health talks, and tried to assume a more resolute bearing, but these measures did not seem to help. I declaimed health and sales arguments to the patients without any perceptible improvement in my practice.

Most of the people who came to this city office had never received regular dental attention. Their mouths were usually in a neglected condition, and the dental work found in them was almost always of inferior quality. Much of it was terrible.

Most of them also had grievances against dentists for excessive fees, or unsatisfactory

results. Many of them openly called dentistry a graft. They were suspicious, hardened, and constantly on their guard. Almost all of them knew just what dental work they wanted and would take little or no advice from me.

I afterwards came to the conclusion that these patients were the product of poor dentistry; that if they had been served by the right kind of dentists they might have turned out to be the right kind of patients; and that their attitude towards dentistry was simply a natural reaction to the deplorable service and dishonest methods to which they had been subjected.

In my two neighborhood practices, I had been in the habit of extending credit to some of my patients and had suffered only a small percentage of loss. I continued to extend credit after going to the city, but after a few months' experience I realized that this was a mistake. My credit losses here were very large.

My work became distasteful to me. I wanted patients, and yet I dreaded the sight of them. Before coming to the city, I had thought of patients as kindly and trustful people who placed their dental problems in the dentist's hands and seldom questioned his intentions or integrity; but now I was faced with patients who had been maltreated and exploited so thoroughly that they regarded dentists as cunning, dishonest salesmen engaged in questionable enterprise.

Of course, now and then an open-minded, friendly patient came in. But I am sorry to admit that the preponderance of the other type had so damaged my general morale, and so affected my reaction to all patients and my judgment of them, that I was in no mental condition to do this type of patient justice.

I, therefore, decided to dispose of the office, and was fortunate enough to find an advertising dentist who purchased my equipment, took over my lease, and made the office a branch of his establishment.

After the transaction was concluded, he was good enough to offer me a position, and to tell me that I would never make a success practicing on my own account, as, in his opinion, I lacked salesmanship and business ability.

One thing that I learned through the experience in this city office was that the desirable patient usually comes through recommendation, and that the patient who drops in to see a dentist without previous knowledge or inquiry as to the dentist's ability and standing, usually has an improper conception of the professional relationship between dentist and patient.

After disposing of this office, I married a charming girl to whom I had been engaged for some time. We decided to look for a location that would

provide an attractive living environment and also offer good possibilities for practice. I thought that a better class, new, and well restricted suburb of some large city might serve our purpose best.

In such a district there is little chance of change in the type of population for at least ten or twelve years. The residents, in most cases, are accustomed to regular dental service, and their financial interests are so diversified that a depression in no single industry or business could seriously affect the entire clientele of a dental practice.

We finally selected a very attractive suburban town, situated about seven miles from the heart of a large city. The population was made up, principally, of business, professional, and retired people. The houses and grounds were beautifully maintained. There was an air of refinement and orderliness about the town that was very appealing to us.

We purchased a modest house in which to live. I opened an office in the small, well arranged business district that served the community. I anticipated that the development of the practice might be slow and gradual, owing to the natural reserve of better class people. However, we had a little extra capital and felt that we could afford to invest some time and money in building up a practice in such an ideal setting.

We bought a nice little car and joined the church. The church members were charming. In a short time we were invited to join the local golf club and soon found ourselves quite busy with social engagements.

During the first few months my practice consisted principally of emergency cases, extractions, minor repairs, odd fillings, and such like. This, however, was not a disappointment, as I felt that our social activities and friendships would eventually develop patronage.

I was very much surprised to find on investigation, that although there were only four dental offices in the town, about thirty-five other dentists resided in it and maintained their dental offices in the neighboring city. I did not give this feature much thought at first; but, as the first year rolled around without much progress, it gradually dawned upon me that this might have some bearing on my practice.

Of course, neither my wife nor I talked dentistry to our social friends. We just took it for granted that they knew of my profession and that they would come to me naturally when they felt that they should.

The first year we enjoyed ourselves socially and made some warm and lasting friendships, but there was little growth in practice. I received some patronage from the local servants, served five families, who were newcomers to the district, as regular patients, and performed emergency work.

Not a single regular patient developed out of our social contacts.

This rather puzzled me and it was difficult for me to discover the reason. However, a short time later I was introduced to another dentist who also maintained an office in the town. He was a rather unreserved chap and made no secret of the unsatisfactory condition of his practice. He had just about decided to move from the district.

He explained his failure as follows:

The townspeople, in most cases, had formerly lived in the adjacent city. Almost all of them had regular family dentists who had done their work for years. It took only twenty minutes to run in to the city where these dentists maintained their offices, and it would never occur to these people to change their dentists, except for some serious reason. In most cases the family dentist had become a firm friend who could not be abandoned professionally without sentimental regrets.

The local families would never think of patronizing a professional man simply because of social relations. They would take it for granted that he was doing well and did not need their patronage. Social relations in their minds were no indication of professional ability. This strata of society gave its professional favors almost exclusively on recommendation.

After such families adopt a dentist through someone else's recommendation, they proceed to commend him to any of their friends who may require a dentist's services. Therefore, until a dentist has obtained the first nucleus of patients of this class, who will recommend him to their friends, he has no basis of practice expansion.

I was quite impressed with this analysis of the situation, particularly when I recollected that my short success in my first two locations was almost wholly the result of the recommendations of good friends.

My wife and I talked this matter over. She was sure that if our friends realized our situation and had confidence in my ability, they would just naturally recommend me to patients and probably become patients themselves. How could we broach the subject to them? It was not being done in that circle. That crowd kept all their professional and business concerns to themselves.

At some of our social meetings there might be two or three dentists and physicians present. If they spoke about their professions at all, or if someone else mentioned them, it was usually in a joking way. A patient might call her dentist or physician a robber, or tell him that his services were unsatisfactory, and everybody there would laugh. They all knew that the patient was trying to be witty.

My wife and I talked and

planned and schemed to find a way to open the subject with some of our friends. We just could not bring ourselves to say that we needed the patronage. Anyway, that might be a double-edged sword. People do not like to patronize a dentist because he needs patients. They might sooner lend him money. It is too strong an indication of lack of ability. It also savors of charity. Then there was the ethical angle of attempting to influence patients away from their practitioners.

How could we make them understand that I was really proficient? I knew that I could do better work than some that I had noticed in their mouths. To say so would be not only in bad taste and unprofessional, but probably would not be believed.

I would have been glad to do the work for half a dozen families without fees just to prove my ability. My wife tried to propose something like this to one friend, but it was not accepted and resulted in a cooling of their friendship. We heard afterwards, that this lady said that she was not an object of charity; and neither did she wish to submit herself or her family to experiments.

Even so, it seems that I missed a few real opportunities to establish myself professionally in the district. An elderly lady brought a child to my office for an extraction. She insisted upon watching the operation. After it was completed she said: "I like the way you did that, young man, and I am just wondering whether I should let you make a plate for me. The one I have is getting a bit loose." She took the denture out of her mouth and handed it to me saying: "I want another plate just like this one. What would be your fee, Doctor?" The plate was rubber and showed good workmanship. In my previous practices of less affluent patients, I would have considered fifty dollars a fair fee. My first inclination was to make the fee one hundred dollars, but fear seized me. I spent a moment or two, ostensibly, examining the plate, but really mustering up my courage, which instead of going up, went away down. I finally quoted a fee of sixty dollars.

On mentioning the amount I saw her frown. She put the plate back in her mouth and said: "I believe I have made a mistake, young man," and walked out with the child.

I learned afterwards that she was extremely wealthy and patronized a dentist known to exact very large fees. In all probability she had paid several hundred dollars for the plate she showed me. I heard later that she always referred to me afterwards as "that cheap dentist." I did not then know how I could have avoided this error. But I did realize keenly that a few patients of her type and the recommendations that would naturally follow from

them would put my practice on its feet.

In another instance a few weeks later, the reverse psychology defeated me. An elderly gentleman whom I knew to be wealthy and influential asked me to quote a fee for a partial denture involving nine teeth, and also for two restorative treatments on two natural teeth.

Still suffering from the humiliation of being spurned for the lowness of my fee, I determined not to repeat the mistake. At the same time, I calculated to reduce the risk of losing patients through arbitrarily high fees, by offering alternative types of service at varying charges.

Accordingly in this case, I quoted on three different types of dentures—one hundred dollars, one hundred and eighty-five dollars, and three hundred and fifty dollars respectively; and on two types of operative restorations, one at eighteen dollars, the other at fifty-six dollars.

On hearing the amounts, he said: "Doctor, I have been wearing this old plate for over seven years. It has given me excellent service. I paid forty-five dollars for it and the dentist who supplied it charged me three dollars for filling a tooth. I did not propose to entertain any such fees as you mentioned. Good afternoon." He left me bewildered. It was so confusing to lose some patients because the fees were too low, and others because they were too high.

During the same week, a Mrs. MacFarlane, one of the local society leaders, informed me by phone that she had decided to have me perform the dental services for her children, as she did not like the idea of sending them into the city. I was much pleased to hear this, as I thought that others might follow her example.

She sent her daughter Grace, an attractive girl of eighteen, to me the following week. Her mouth was not in good condition and I considered it necessary to extract a badly broken-down tooth.

I received a 'phone call from Mrs. MacFarlane two days later, in which she told me that Grace was ill and had been ordered to bed by the family physician. Although she did not say so, directly, her tone and something in her words seemed to imply that I had caused Grace's illness.

Afterwards I ascertained that when Grace came to me, she was just recovering from some form of nervous debilitation. It seemed possible, of course, that the excitement of her visit to my surgery, or the emotional or physical strain of the operation may have precipitated a relapse. Grace remained in bed for about ten days, and her friends were informed that her illness resulted from my extraction of a tooth.

Nothing else that occurred in this practice disheartened me

more than this case. In our social visits during the next two or three weeks, I heard Mrs. MacFarlane's friends inquire of each other regarding Grace's condition. Whenever they noticed my presence they abruptly changed the subject. I felt certain that they were charging Grace's unfortunate experience against my professional ability.

At the time I considered this a rank injustice. The same results might have occurred in any other practice. Later, I sometimes wondered whether I was in any way to blame. Now I know.

My second year in this district was not happy. We went the social rounds as usual, but our capital was dwindling. I would find myself looking into people's mouths as they opened them, making mental notes of those that needed dental work. A surprisingly large proportion of them needed it.

In spite of the fact that each family had its private dentist, more than half of our social acquaintances were in urgent need of some sort of dental service. It hurt me to observe this general need for good dental work and to have no opportunity to perform any of it.

If I could just get my point of view over to some of these people. But how could I? Ethics, social custom, self-respect were all against my making such an attempt; and if the attempt were made, it would most likely be ineffective.

Then the thought would come back to me that it was simply a question of time. If I could hold out for another year or two, I would succeed. I remembered my grocer-friend, who had helped me so nobly in my second location, and decided to make myself friendly with the small group of merchants in the district and attempt to establish some practice through their influence.

I found it peculiarly difficult to develop any friendly relations with them. They were courteous and affable, but strictly businesslike. There seemed to be little opportunity for the kind of relationship that I had with my original grocer benefactor. However, there were two exceptions: an Italian shoemaker and a clerk in the florist's. Both of these seemed to take a liking to me, and each of them, at different times, asked me if I would consider doing some dental work for their friends. About a dozen patients developed through these two sources, but they were not of a type that had any influence in our social circle.

In the meantime, the number of dental offices in the town had increased from four to ten. Two of the original four had given up the ghost and moved elsewhere. Of the eight new practitioners, four were well-to-do dentists, who had moved in from the adjacent city and whose established practices consisted principally of local residents, who had been their pa-

tients for years. The other four came to build from the ground up. Two of the latter seemed to be succeeding remarkably well.

One of these was a handsome young brute, single, and charmingly insolent. At a bridge party, one day, he remarked to the assembled group with a serious mien: "I am heartily sorry for you folks." On being asked "why" by his hostess, he replied: "It is hard luck for you folks to have taken a poor struggling dentist into your exclusive set. You can't let him starve. So you must either allow him to pull your teeth, or marry him off to one of your beautiful, wealthy daughters." At the conclusion of this statement he glanced around solemnly for half a moment, and then his face lit up with a mischievous, infectious, winning smile that set the company off into a roar of laughter.

At another party, he exclaimed seriously, apropos of nothing: "I wagered yesterday that I would have four real honest-to-goodness patients in my office tomorrow. I am depending upon recruiting volunteers here. I can't promise very good workmanship, but I will hurt you as little as possible. Now, who are to be my victims?" And then after a few seconds came that glorious, disarming smile.

Almost every single woman in the company, some of the married ones, and even a few of the men volunteered. The affair was treated as a huge joke; but I heard that he was busy with patients for some time after.

It was easy to understand the source of this dentist's success. He was young, handsome, charming, lovable, fearless of conventions, and jokingly frank in the statements of his needs, and the community gladly accepted the responsibility of his professional success.

The other dentist who appeared to be succeeding, also unmarried, had become the local leader in musical and dramatic affairs, by virtue of his rare abilities in these arts. He had a large studio room attached to his offices which became the headquarters for certain groups of the younger set. It was also easy to understand that the constant visits of his friends to his office and the informal and frank contacts developed through the mutual artistic interests would build practice naturally and effectively.

In my failure I became envious of the special personal advantages of these two dentists. I commenced to believe that success depended upon factors entirely outside of the merits of practice and that with my simple and retiring personality I could not hope for any satisfactory professional popularity.

My wife and I continued to fight this battle, as best we knew, for about three years, always hoping that something might turn up to give me a professional entree into the district.

Occasionally, some incident would occur to raise our expectations, but invariably they would fall. Our capital was shrinking alarmingly and we decided to move.

I was disheartened and would have been glad to take up some other occupation, but I could think of none within my abilities. The thought of starting practice again was not a pleasant anticipation. My four attempts had resulted in failures. Although I did not then see how I could have succeeded, I nevertheless blamed myself, particularly as I realized that other dentists had won where I had failed.

My wife was very patient with me during this period and continually assured me that I would master my problem eventually. In spite of her encouragement my pessimism and bewilderment increased. Finally, she suggested a visit to Tom Jones, a former schoolmate of mine, to which I agreed.

We traveled by motor. The fresh air, the trivial incidents of the journey, and the increasing distance from the scenes of my practice seemed to revive my spirits somewhat.

Tom gave us a warm welcome. He and I had grown up as boys together and had graduated from dental school the same year. This was our first reunion. He, like myself, is a quiet, sensitive chap; and I wondered whether he had suffered disappointments similar to mine. However, dental practice was not discussed on the evening of our arrival.

In honor of our visit he had arranged to stay away from his office for two or three days. We started next morning with golf. It occurred to me several times before lunch to ask him about his practice; but my sensitiveness to disclosing my own experiences caused me to refrain. However, at luncheon he suddenly turned to me and said: "Bill, you don't look happy. Remember we are friends. Tell me your troubles."

This friendly encouragement loosened my tongue and I told him the story of my professional failures and the hopelessness of my outlook.

When I had finished he asked, "Do you still like dentistry?"

"No, I hate it," I replied.

"Tell me just what you hate about it," he again asked.

"Well," I said, "I loathe the thought of attempting to build another practice, the cringing, fawning, and obtruding on people in the hope of a little patronage, subordinating my church, my social life, and my friends to this purpose. I dread the subtleness and indirectness essential to the task, the impossibility and futility of direct, outspoken, constructive action, and the long, dreary, miserable intervals between patients, as well as the constant uncertainty and the hopeless-

ness of planning reliably for the future.

"I detest to think of fees. In arranging them, I am so dominated by the fear of losing or dissatisfying the patient that I suffer from a feeling of abject inferiority. I seem to be surrounded by pitfalls: the reputational mistake of making fees too low; the dangers of making them too high; the embarrassment of justifying them to doubtful or reluctant patients; the suspense during negotiations—and the worst punishment of all—my imagining of the patients' unuttered opinions. Even after fees have been arranged I have often been haunted by nasty doubts as to their appropriateness."

"You have not quite answered my question," said my friend. "I was not thinking of practice building or fees. I am wondering whether you still love dentistry as a science and an art, whether you still would enjoy performing and administering it?"

"My troubles," I replied, "have somewhat biased my judgment on that angle. I still have the habit of peering into people's mouths and itching to get at those that look interesting. I suppose I will never lose that instinct. If I could afford to adopt dentistry as a hobby, no doubt I would enjoy it immensely."

"That's fine, Bill," rejoined my friend. "You have had hard luck and I am sorry. Don't give up hope. Perhaps it might help a little to tell you something of my career."

("The Case of Dr. Jones" appears next month.)

More About Insurance

In a recent issue of ORAL HYGIENE, I noticed an editorial* about insurance companies that try to avoid paying losses by hiding behind technicalities and bluffing those who have not the means to afford legal action.

It was suggested that all dentists send in the names and details about companies which have refused to pay what was due. I think this a splendid idea and should like to suggest the list include all types of insurance companies, as well as accident and liability companies.

At the top of the list I should like to see that of the ———— Indemnity Company. One of its assured wrecked my car. I had to sue; they refused to pay. When the case came up, their attorneys quit at the end of my testimony and that of my witnesses. I was paid in the end, but had legal expenses, loss of time, etc., to the amount of $150; and the insurance company had no case at all.

Let us start that list.—B. A. WRIGHT, JR., D.D.S., *Latrobe, Pa.*

*ORAL HYGIENE, October, 1930, p. 2201.

Another Chapter *of the* ETIOLOGY OF DENTAL DECAY

By DAVID M. COHEN, D. D. S.

Here is the second chapter of Dr. Cohen's essay. The first appeared last month.

Dr. Cohen is professor of therapy and hygiene in the dental school of the University of Buenos Aires, Argentine.

The essay has been translated from the Spanish of REVISTA ODONTOLÓGICA *—as part of* ORAL HYGIENE'S *plan to present the best world thought on such topics—thought not otherwise available to American readers.*

Says Dr. Cohen:
"In this modest essay we intend to put in evidence the fundamental —and in our opinion almost positive— importance of the nutrition of the individual in the genesis and development of dental decay."

CHAPTER II

The Influence of Nutrition on the Character of the Teeth Cannot Be Denied

THE experiments which have been carried out to demonstrate the influence of a deficient alimentation on the formation of abnormal teeth are definite; and we believe that today this influence is no longer disputed.

Calcium and phosphorus play a decisive role in the concert of materials which the individual requires for the formation of normal dental arches, and their presence and proportions in the diet of mother and child should be the subject of particular study.

Mellanby has carried out some interesting experiments in this respect, and generally with regard to all that pertains to the relations between nutrition and odontogenesis as well as osteogenesis (3); and from the thesis of Bracco (4)—among many others—it may be clearly seen how in rats subjected to

3. *Mellanby*, in *Revista Odontologica*, 1925, page 574.

4. *Bracco, J. J., Dental Changes in Rats on a Deficient Diet*, Edited by Bufferini, 1924, Buenos Aires.

vitamin deficient diets the decrease of calcium salts becomes evident.

The influence of a deficient alimentation has a fatal effect on the tooth germs of both dentitions. The first result is a poor dental equipment which will more or less rapidly succumb to the onslaughts of caries. If the foodstuffs are bad and incomplete, the organism growing on them will be weak and of poor resistance; and the wrong alimentation will later on cause other troubles, as for example, in the digestive tract whose acidity must be neutralized, in a great measure, by the calcium present in the bloodstream, to the prejudice of other organs for which it was originally destined (various decalcifications). On the other hand, if there is abundant calcium in the food, the beneficial effects will soon become manifest (5).

Variot (6) has made some interesting observations relative to the development of the stature in relation to the alimentation of the child. It is well known that this development is controlled by the ossification of the epiphyses, i.e., by the lengthening of the bones. In the establishment "The Drop of Milk" of Bellville, the above author was able to ascertain that the growth of the infant stopped at the precise moment when the eruption of the teeth reached the critical point (appearance of the first incisors). This suspension or decrease in the formatory activity of the new organism resumed its normal rhythm as the eruption of the first series of teeth had ceased. Something similar could be observed also with regard to weight, although not to such a constant and marked degree.

Now, such interruptions in the curve of growth seem to be intimately connected with the child's alimentary regimen; because Variot has been able to state that in properly nourished children these interruptions were very rare, but that, on the contrary, the badly nourished infants showed the curious phenomenon of interrupted growth over several weeks, and one of them even over several months. And when activity was re-established, it appeared in an exaggerated form as soon as the teeth had erupted. We say "exaggerated" advisedly, because in certain cases it has been possible to prove that some of the children grew at the rate of one centimeter in one week while gaining 300 and 400 grams (7).

With regard to these phenomena, Variot describes what he calls the "anorexia of dentition," which is represented by a series of nutritive disturbances which precede the appearance of the first teeth and which

5. Increase in the calcium of the foodstuffs increased the body weight of the rats experimented upon by D. Antoniotti *(Revista Odontologica)* 1923, page 561.

6. *Variot, G., La Revue de Stomatologie,* 1926, page 193.

7. See the *Thesis* by *Rusesco,* Paris, 1925.

disappear as soon as the latter occupy their proper places in the dental arches. The child loses his appetite but asks frequently for water, without showing signs of fever. The digestive functions are disturbed to such a degree that the stomach does not tolerate even the smallest quantity of food. The picture becomes normal again when the process of eruption is terminated, and the phenomena do not appear in a child which, from the very first days of existence, has been rationally nourished.

Already, then, we can see how important a role the proper alimentation plays at such an early age. If these little bodies are fed the proper and wholesome foodstuffs, then the eruption of the teeth will become a perfectly tranquil process, with no disturbances nor repercussions whatsoever.

This, it is true, is not a new concept, inasmuch as not a few authors have referred to it on different occasions. We mention Zambelli (8) who studied the manner in which teeth develop in the well-nourished child and in one who has been neglected in this respect, though otherwise healthy, since if he is given improper food, he is exposed, in the majority of cases, to a dentition fraught with many local, digestive, or nervous disorders. In these cases it is not so much the direct influence of alimentation on the intrinsic nature of the teeth as it is a demonstration of how the terrain, because of the poor quality of its building materials, has become incapable of rising above the contingencies of a purely physiological process; and that is what interests us at this moment.

But, apart from this, it must be admitted that nutrition absolutely controls also the chemophysical character of the teeth, inasmuch as it contributes all the elements of its own constitution.

If the salts needed by the tooth follicle are poor in quality, or if their constitution is deficient or inopportune, the resulting organ will also be deficient: the clay is of poor quality; and, without for the moment entering upon the difficult problem of the role which the tooth itself plays in the defense against caries, suffice it to point to the intimate relation which logically exists between the formation and resistance power of a tooth and the nutrition of the individual.

Paul Ferrier, more than thirty years ago, said: "On the day when the nutritional conditions of dentin will be better understood, we shall be in a position to practice the prophylaxis of dental decay, a fundamental role incumbent exclusively on the dentist who, in our opinion, should not limit his activity to a somewhat restricted field, since it is not at all certain that the oral affections can be divorced from their connec-

8. *Zambelli, The Pathology of Dentition,* Padula Druker, 1910.

tion with general pathology." (9).

It is well known that all the elements which the human body needs for its complete and rational alimentation, which ensures growth, are found distributed throughout Nature, especially in the soil and in varying proportions, all of them being absorbed by the plants.

The fundamental nutrients are the following: oxygen, hydrogen, nitrogen, sodium, calcium, carbon, iodin, magnesium, potassium, arsenic, phosphorus, manganese, silica, iron, sulphur and fluorin—a total of sixteen. Every one of them fulfills a unique and indispensable role, and no nutritional regimen could dispense with any one of them, since the results of any deficiency would soon become apparent in one part of the body or the other. We shall speak about these elements in greater detail in the chapter on nutritional regimes. An individual, nourished with these elements and according to an invariable norm, will possess strong teeth in the fullest sense of the word.

But, there is more to it than that: his method of rational living does not only benefit his teeth—because they are nothing more nor less than the reflexion of a perfect systemic condition, their evolution having been steadied by a healthy nutrition. It means, then, that his oral cavity will be in the very best condition to ward off decay.

9. *Paul Ferrier, Thesis,* Paris, 1900.

We are approaching, evidently, the most entangled part of the etiology of this widespread disease. With all due respect for the opinions of several competent authors, we believe that the major problem must be looked for in one single dictum: the systemic defense; or, reduced to the oral cavity: the saliva and the constitution of the tooth. Such is, at least, the concept prevalent among those who have devoted themselves most to these highly important studies.

A classical observation is that made among races which are immune to caries, but which show exactly the same oral flora as those which are suffering most from this widespread scourge; it would seem, therefore, that a special condition of the teeth or of the oral cavity, or of both, must prevail before the extraneous element common in all people can develop its destructive activity.

We shall now see how nutrition ensures the maximum resistance in those defensive factors.

The mechanical protective action of the saliva cannot be doubted. It prevents the accumulation of food particles which, when they ferment, render the oral medium acid, thereby promoting the activity of the micro-organisms and the appearance of the first disturbances in the normal equilibrium.

Nutrition is the important factor which controls both quantity and quality of the

saliva. This shows how very important it is: the classical experiments of Pickerill have demonstrated how the substitution of an acid for the ordinary nutrition leads, after a few days, to an increase in the quantity and in the alkalinity of the saliva, and how, when during the experimental period these acid elements are being replaced by the usual alkaline elements, the alkaline index becomes palpably lower.

In other words, an alkaline element does not alkalinize and, in turn, an acid element produces in the mouth an alkalinization through logical and continuous reaction.

This author applied the same principles also to dentifrices which, in his opinion, should be acid, and not alkaline as is the case in the majority of these preparations. The danger of a deleterious action, on the part of the acid, on the salts of the tooth enamel may be entirely ignored, on account of the strong alkaline reaction and the quantitative increase which it produces, and which ensures the neutralization of the excess acids, if such should be present.

Many authors of renown maintain that an individual will command an oral medium sufficiently strong to resist the attacks of chemical and microbial agents, if his rational nutrition has supplied the necessary elements, and supplied them at the opportune periods of his life.

From day to day, the influence of nutrition on the character of the teeth, and the importance of the character of the teeth for the etiology of caries are gaining greater territory in the field of these speculations. The oral medium in its widest meaning (teeth, saliva, lymphatic defense, etc.), represents the maximum defense. What in this complex of elements, one may ask, is of greater significance: the protective action of the saliva, or the intrinsic resistance of the tooth?

The Maori and Esquimaux, two of the most immune races of the world, show in their saliva great difference from that of individuals living in civilized countries. Pickerill (10) has found that the Maori children show an alkaline index in their saliva six times as high as European children, and that the proportion of ptyalin is double.

If one assumes that the reaction of the saliva and ptyalism are the principal weapons of defense which the mouth commands, then the solution of the problem would appear to lie in the reinforcement of these two factors. If one accepts as true this preponderance of the oral medium over the character of the teeth in the defense against dental caries, one should not fail to mention one of the factors which would most efficiently supply the necessary reaction and quantity, namely, nutrition. * * *

(Continued in April issue)

10. *Pickerill*, cited by *Etcheparebordo, Susceptibility and Immunity in Dental Decay*, Edited by Rosso y Cia., Buenos Aires, 1917.

Tempus FUGIT

From the first March issue of ORAL HYGIENE, published 20 years ago, in 1911.

ORAL VERSUS MOUTH HYGIENE

In response to an editorial request for criticisms, published in the January number, a valued correspondent in New York City, objects to the title of the magazine on the ground that it does not convey a clear idea to the mind of the laity. He says, "We have succeeded in educating the public that dentistry is associated with the teeth and mouth but as yet 'oral' does not imply or convey the same information. The mind at once understands and grasps the point that 'dental hygiene' has something to do with dentistry, the teeth, and the mouth. 'Oral Hygiene' does not convey this so readily."

Our correspondent is correct and if we were publishing a magazine for the laity, the term ORAL HYGIENE might not have been selected, for the excellent reasons he sets forth. But this magazine is intended, as its subtitle claims, to be a journal for dentists and we therefore deemed a fitting title to be the one educated dentists use in conversing with one another concerning this subject. Furthermore, if that title were not to be used, we would have preferred the term "Mouth Hygiene" as being of wider application, strictly interpreted, than "Dental Hygiene" and as easy or easier of comprehension by the dentally uneducated. "Mouth hygiene" is being used more and more as the most readily understood term by the laity and it would seem to present claims for precedence even over "dental hygiene" in popular instruction. But for a journal for dentists we prefer, and I believe with reason, the more scientific term of ORAL HYGIENE.—*Editorial.*

GREETINGS

ORAL HYGIENE is in receipt of No. 1, Vol. 1, of *Oral Health,* "a journal that stands for the 'ounce of prevention' as well as the 'pound of cure'." The editor, Wallace Secombe, D.D.S., Lock box 26, Toronto, Canada, is to be congratulated on the neat appearance of the magazine and the quality of the reading matter. ORAL HYGIENE is hardly in a position to welcome *Oral Health* to this or any other field, as their first issues were synchronous, but it extends the right hand of fellowship and wishes Editor Secombe and his confreres unbounded success.—*Editorial.*

W. Linford Smith
Founder

Oral Hygiene

REA PROCTOR McGEE, D.D.S., M.D.,
Editor

Manuscripts and letters to the Editor should be addressed to the Publication Office at 1117 Wolfendale Street, Pittsburgh, Penna.

Dentistry Appeals to the Artist

BEFORE the American Colonies became a nation, Charles Willson Peale was painting the portraits of many of those who were destined to go down in history as Revolutionary patriots.

Some years ago, a moron remarked that a man who is "jack of all trades is master of none." Charles W. Peale was master of all trades and jack of none. Everything that interested him seemed to be benefited by his attention.

Mr. Peale was a friend of George Washington during all of the adult life of the first president. He painted more portraits of Washington than did any other artist.

Charles W. Peale
From sketch by
the editor

In the centuries before the invention of photography, the portrait painter was a very important member of society. He was the only hope of those who wished posterity to become familiar with their facial contour, as well as their complexions and antique clothes. Mr. Peale was distin-

guished, not only as an artist, but he also did considerable work as an ancestor.

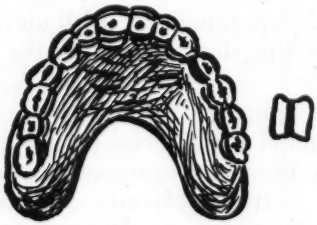
In 1762 he married Rachel Brewer of Annapolis. To them were born four children who died in infancy, and then a sufficient number to bear these classic names: Titian, Raphael, Angelica, Rembrandt, Sophonisba, VanDyke and Reubens. Strange as it may seem, this wife died, to be succeeded by Elizabeth DePeyster. To this union were born Charles, Linnaeus, Franklin, Sybilla, another Titian, and Elizabeth. Mrs. Peale II then departed this life and was succeeded by Hannah Moore, of Pennsylvania, a member of the Society of Friends. Of this marriage there were no children; she was only a friend.

In 1776 Peale joined the Revolutionary Army and fought at the side of Washington at the battles of Trenton, Princeton, and Germantown. While in the army, he was busy, as usual, painting portraits of celebrities and of battle scenes. After the war, his collection of pictures became the nucleus for the very famous and remarkable museum that he founded and operated in Philadelphia. Peale's museum was the show place of the early United States.

In 1785 a gigantic bone was presented to Mr. Peale as a model for a series of technical drawings. From this he became enthusiastic over the idea of a Museum of Natural History and became one of America's first naturalists. In mounting many specimens of wild animals, Peale experienced great difficulty in the proper placing of the teeth, and in many instances had the problem of restoring teeth that had been lost from the specimen. His experience in this work made him an enthusiastic follower of the earlier progress in prosthetic dentistry. He had

already accepted the theory that the loss of the teeth should not be considered a permanent disfigurement. In order to paint his portraits in a more realistic fashion than his contemporaries, Peale had advanced from stuffing the mouths of edentulous models with tow or wool to the carving of acceptable "show teeth" from hard wood or walrus ivory.

About the time that the loss of his own teeth was giving him considerable concern, one Mr. Planton arrived in Philadelphia from Paris and entered practice as a Dental Surgeon. Mr. Planton had brought with him from France some "incorruptible" teeth made of a burned clay without any translucency and very little shape; the dentist was supposed to shape these irregular pieces of pottery to simulate any teeth that he desired to replace. The method of anchorage to the plate consisted largely of "hope." Mr. Peale had Mr. Planton make a set of the new-fangled dentures for him, but the result was not good, so the artist began a series of experiments in the production of porcelain teeth that actually made Philadelphia the world's greatest center for the



Drawing of upper plate made by Peale for himself

manufacture of this most artistic and important commodity.

Mr. Peale did not make any claim to priority in the use of porcelain teeth; what he did do was to

make teeth that looked like teeth, use platinum for pins, and develop color and translucency.

Like all amateurs, Peale made his first set of teeth for himself; these worked well enough to encourage him to make a few dentures for his friends.

From these experiments the old fashioned "gum-section" resulted. It is also interesting to note that Mr. Peale discovered, during these experiments, the infinitely greater heating power of Lehigh coal over the charcoal then in use for baking porcelain.

This energetic genius lived to the good old age of eighty-six, and died from over exertion when he was in a hurry. Let us all hope that we will have enough pep to hurry when we are eighty-six.

DENTAL MEETING DATES

The Central Pennsylvania Dental Society Annual Meeting, Ft. Stanwix Hotel, Johnstown, Pa., March 2nd to 4th, inclusive.

The Rehwinkel Dental Society will hold an all day and evening meeting at the Masonic Temple, Chillicothe, Ohio, March 28th. The Ohio State Officials and other noted essayists and clinicians will participate. All ethical dentists are cordially invited.

Kentucky State Dental Association, 62nd Meeting, Phoenix Hotel, Lexington, Ky., April 6th to 8th, inclusive.

The New Jersey State Dental Society, 61st Annual Meeting, Hotel Chelsea, Atlantic City, N. J., April 15th to 17th, inclusive.

American Society of Stomatologists, 8th Annual Meeting, Hotel McAlpin, New York City, April 16th and 17th.

American Society of Orthodontists, 30th Meeting, Jefferson Hotel, St. Louis, Mo., April 21st to 24th, inclusive.

The Pennsylvania State Dental Society Meeting, William Penn Hotel, Pittsburgh, Pa., May 5th to 7th, inclusive.

The sixty-first annual meeting of the South Carolina State Dental Association will be held in Columbia, May 7th and 8th.

The North Dakota State Dental Association, 26th Annual Meeting, Elks' Club, Fargo, N. D., May 12th to 14th, inclusive.

The New York State Dental Hygienists Association, 11th Annual Meeting, Hotel Pennsylvania, New York City, May 12th to 15th, inclusive.

THE DENTIST'S Income Tax

By H. O. WEST

ALL dentists must file income tax returns with the Collector of Internal Revenue in the district in which they reside two months and fifteen days after the close of the fiscal year. With most individuals the fiscal year coincides with the calendar year and this makes the date for filing income tax March 15th. All dentists operating their own offices on a fee basis will use the large form No. 1040. Dentists who are on a salaried basis and earning less than $5,000 per year will use the smaller form No. 1040-A. If the salaried dentist has a gross income in excess of $5,000 he will use the No. 1040 form.

If for any reason the tax payer is unable to get his return completed in the time specified, an extension may be had from the Collector of Internal Revenue. This application must be in writing and must show a good cause. Tax returns are, of course, filed with the Collector of Internal Revenue in the district in which the tax payer resides, or if the tax payer has no permanent address in the United States, returns are filed with the Collector of Internal Revenue at Baltimore.

The details of the practitioner's income and expense should be listed on Schedule-A on the back of the return. The net income from the profession will then be carried to line two on the face of the return. This net amount received is earned income.

Besides the income from the profession, the dentist may have other items of income which must be reported. As a matter of fact, all income one receives must be reported with but a few exceptions which are known as exclusions. The items of income which may be omitted from the return entirely are: gifts, proceeds of life insurance policies, proceeds of annuities up to the amount of the premium paid in, income received from the state or the subdivision thereof, and the first $300 of building and loan interest received in any one year. Building and loan interest, by the way, in excess of $300 should be classified as dividends. This is for the reason that such interest is not subject to normal tax.

Under deductions the dentist may, of course, deduct all necessary expenses in his office. The cost of intruments, the life of which is very short, may be deducted. Other instruments, furniture and equipment are de-

ductible over a period of time as depreciation. In other words, a reasonable amount may be taken each year as depreciation.

Office rent, of course, is deductible. If a building or an apartment is rented for both residence use as well as office purposes, he may deduct part of the rental fairly proportionate to the amount of space used for dental purposes. If a dentist merely happens to see patients occasionally at his residence while maintaining an office regularly elsewhere, proportional rental for the residence may not be deducted. One must regularly maintain an office and have regular office hours to entitle him to deduct any proportional amount of residence rental. If a dentist happens to own his own house and uses a portion thereof as an office, he may not charge rental as a business expense.

Bad debts are deductible providing such amounts have been included previously in gross income. The dentist, therefore, who keeps his books on a cash basis would never have bad debts as a professional expense. Money loaned to friends and which cannot be recovered is deductible as bad debts. Any amounts charged to bad debts and subsequently recovered, must, of course, be taken up in gross income under a caption such as "Accounts Receivable Previously Charged Off."

Dues to dental societies and subscription to dental journals are deductible as well as traveling expenses to and from conventions or state meetings. Dues to social organizations are not deductible even though the membership may be limited strictly to dentists. The cost of postgraduate courses at any of the dental meetings is not deductible, as this is held to be capital expenditure, although the dentist's expenses while at the convention are deductible.

All taxes paid are deductible with a few exceptions. This includes permanent property improvement taxes, federal income taxes, and certain luxury taxes. The license tags for your automobile are deductible as well as the gasoline tax and the tax on theatre tickets, providing a record is maintained. State income taxes and poll taxes are deductible. Tax on gasoline is not deductible in those states in which purchase price includes the tax, as in New Jersey. When gasoline is sold on a fixed price plus tax, the amount so paid is deductible.

All interest paid is deductible with the exception of interest on obligations to purchase entirely tax-free securities. Thus on a collateral loan it is not wise to pledge municipal securities as the only collateral, because in this event the interest paid on such loans is not deductible. Therefore, mix the collateral so that some of the interest received on securities pledged will be taxable. Remember that building and loan interest and premiums on a first

and second mortgage are deductible as well as any fines that may be paid. Even interest on deferred payments on income tax is deductible.

The cost of maintaining a car used entirely for pleasure is not deductible. If, however, the car is used for the purpose of making professional calls, the expenses are deductible, or if the car is used partly for pleasure and partly for professional purposes, the expenses can be prorated. The dentist doing an exclusive office practice and using the car simply as a means of transportation between his residence and office cannot, of course, deduct anything for automobile expenses.

Expense incurred in the defense of a suit for malpractice is deductible as a business expense. This would also include insurance premiums paid as protection against professional losses. The cost or expense incident to defending one's self against criminal action is not deductible.

Loss by fire, theft, storm, shipwreck, or other casualties is deductible if not compensated for by insurance. Contributions to charity are also deductible if they do not exceed 15 per cent of the net taxable income, not including the charitable contributions as a deduction. In other words, from your gross income subtract all of your allowable deductions with the exceptions of contributions, and 15 per cent of the resulting figure is the maximum one may take for charitable contributions. Contributions to be deductible must be made to a church, organized charity, Red Cross, American Legion, scientific research institutions, educational institutions, and societies for the prevention of cruelty to animals and to children. Contributions made to worthy poor families, for example, are not deductible.

Assets which have been held for a period of two years or longer are classified as capital assets. The law gives the taxpayer an option in regard to capital gains. First, such capital gains may be included in gross income and the tax computed in the ordinary way; or they may be omitted from the gross income and to the tax computed, 12½ per cent of the capital gain should be added. Whichever produces the lower tax may be used. However, should there be a loss instead of a gain on a capital asset, two methods of computation will be applied; that is, including the capital loss as a deduction and, secondly, omitting it as a deduction and deducting 12½ per cent of the loss from the tax payable. In the case of a loss, whichever method produces the higher tax is the method which is to be used.

If the tax payer is married and the wife has a separate income, separate returns may be prepared for the husband and wife or a joint return may be prepared. There is no rule to follow, but it is simply a question of computing the tax pay-

able on the basis of joint return or on the basis of separate returns. Needless to say, the method which produces the lower tax is the method to use. If a joint return was filed last year, separate returns may be filed this year without securing permission. If tax-payers have been married the full year, the personal exemption of $3,500 may be divided between husband and wife in any manner they wish. If, however, they were married during the year and separate returns were filed, each must take the exemption for the single status, but the married portion may be divided in any way they wish. If the tax payer is married during the year and the wife has no income for her single status, the husband, however, is entitled to her exemption for the time she was single.

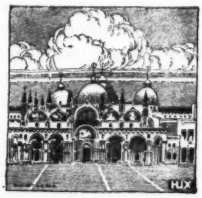
Corporate bonds which contain a tax-free covenant clause does not mean that interest from such bonds are exempt from Federal Income Tax. The holders of such bonds file with the corporation each year ownership certificates, indicating that they pay 1½ per cent normal tax, or more. In this event the corporation pays 1½ per cent or 2 per cent of the interest paid to the government directly as a tax. Therefore, such interest must be included in gross income but the tax payer may deduct under "Taxes Paid at the Source" 1½ per cent or 2 per cent of the interest received.

Earned income credit is somewhat difficult to explain. Earned income means income received as direct compensation for mental or physical effort. The law allows a reduction in the tax payable for income which is earned. The first $5,000 of anyone's income, irrespective of how it is earned, is considered as earned and the maximum is $30,000. The method of arriving at the credit for earned income is to take from the gross income such income as is earned and to compute the tax on this as though it were the only item of income. There are no deductions. One quarter of this tax is equal to earned income credit if it does not exceed one quarter of the regular normal tax plus one quarter of the surtax on earned income. In other words, the earned income credit is equal to one quarter of the normal tax on earned income or one quarter of the regular normal tax, whichever is the lower, plus one quarter of the surtax on earned income.

It is naturally difficult in a short article of this character to include all phases of the tax which may affect the dentist. If there are any items with which you are troubled, ORAL HYGIENE will be glad to answer questions.

Please address income tax questions to H. O. West, in care of ORAL HYGIENE.

INTERNATIONAL ORAL HYGIENE



Translated and Briefed by

CHARLES W. BARTON

GREAT BRITAIN

One of the features of the public dental service exhibit at the annual meeting of the British Dental Association was a colored map of England showing the distribution of school dental officers in relation to the numbers of the school population of the various counties. Two areas colored white upon that map showed that at the date of its preparation Huntingdon and Cornwall possessed the unenviable distinction of having no school dental service. At the present date, Cornwall alone still remains white, but from what has been published in the daily press, it is evident that the consistent pressure of the Board of Education has at last been effective, and in the near future the elementary school children of Cornwall will obtain that essential dental service of which they have been hitherto deprived by the action of the local Education Committee. The Cornwall section of the Western Counties Branch of the British Dental Association has had its part in this very desirable result which, however, was largely due to a threat on the part of the Board of Education to consider the reduction in the education grant.

The British Dental Journal
Vol. 51—No. 15

* * *

As a result of discussions which have been going on for some time, the Royal Air Force, as from July 1, 1930, has its own separate dental service. Prior to this date dental treatment in the Air Force was given by officers of the Army Dental Corps delegated for the purpose; now, following the example of the medical service of the Air Force, there will be independent administration under the Director of Air Medical Service. The organization of the dental branch, naturally, will follow that of the Air Medical Service, which differs from that of the Navy and Army. Thus, of the 27 officers who will for the present form the total establishment, approx-

imately seven will hold permanent commissions; the remainder will hold non-permanent commissions for a period of three years on the active list, or may, by permission of the Air Council, be extended to five years and even in certain circumstances to ten years. For those officers passed to the reserve after the above periods of service, there is a graduated scheme of gratuities. The pay and allowance are comparable to those in the other services, and the ranks of Flying Officer, Flight Lieutenant, Squadron Leader, and Wing Commander also correspond. While the highest rank at present, that of Wing Commander, is equal to that of Lieutenant-Colonel in the Army Dental Corps, it is proposed in due course to create a post of the rank of Group Captain, which will be the highest rank in the service, with equality with Captain and Colonel in the respective services of the Navy and Army. The idea underlying the special organization with a large number of non-permanent commissions is that it will attract to temporary service, during the age most suitable for the Air Force, men who on passing to the reserve will enter private practice with a gratuity corresponding to their period in the active list, which will be of substantial advantage to establishing them in civil life.

The Dental Record

UNION OF SOUTH AFRICA

At a recent meeting of the Dental Luncheon Club of the Cape Peninsula, Dr. Shadick Higgins, Medical Health Officer for Cape Town spoke on "Dental Disease as an Administrative Problem." After some general remarks about the prevalence of dental disease and its effect on general health, Dr. Higgins said that the fact that wild animals, and many native tribes as yet not strongly influenced by civilized conditions are practically free from dental disease, would clearly point to dental disease being one of civilization. While the speaker did not pretend to know the actual cause for the extensive occurrence of dental disease in our age, he, very rightly, accentuated the role of nutrition in the etiology of oral disease. Dr. Higgins holds that in the Mellanbys' theory of decay, as due primarily to faulty tooth formation due to defective nutrition of the mother and child during the time the teeth are being formed, the cause is not clearly shown. "If rickets and dental caries are both the result of the same vitamin deficiency," said Dr. Higgins, "one would have expected that the two conditions would tend to go together. Yet in South Africa there is very little serious rickets, which fact is commonly attributed to the abundance of actinic radiation, and there is a great deal of dental disease."

The ultimate salvation, Dr. Higgins believes, lies in preventive propaganda and preventive treatment; still he does not think that we can as yet give much practical teaching that will beget a race with good teeth. The trouble is that it is hard to say exactly what kind and how much preventive information can be given to the public, inasmuch as there is such a wide divergence of opinion as to what will ultimately bring best results. Therefore, Dr. Higgins feels that one of the most practical ways of helping the public towards better dental health is to concentrate on oral conservative treatment, early and frequent visits for inspection, and dealing promptly with the very first signs of caries.

The South African Dental Journal

ARGENTINE

The capacity of the dental pulp for absorbing foreign substances has been investigated by Dr. Angel E. Obiglio. This matter is of significance in establishing whether or not a dental pulp may gradually absorb toxins from the rest of the human system, suffer pathological changes, and possibly die. It might supply an explanation for the often observed fact that perfectly healthy teeth—that is, teeth which are externally intact—show dead pulps and sometimes develop periapical abscesses. It might also help to understand why teeth may be saved by the correction of a systemic disorder. Dr. Obiglio, for his experiments, selected chemical compounds whose presence is easy to ascertain in the tissues: potassium iodide, phenolsulphonpthalein, apomorphine, strychnine, aconitine, atropine, cocaine, and others. The author comes to the conclusion that the dental pulp is undoubtedly capable of absorption and that its capacity depends on the age of the teeth—which might go hand in hand with the calcification of its apex—and on the substance which is to be absorbed, and its physical and chemical character. Crystalloid substances are being absorbed in appreciable quantities, but not sufficient to produce pronounced symptoms.

Revista Odontológica

Cover to Cover

When ORAL HYGIENE reaches my office, all other publications are discarded until it is read from cover to cover.—M. E. SANDERS, D.D.S., *Rosenberg, Texas.*

Ask ORAL HYGIENE

CONDUCTED BY
V. CLYDE SMEDLEY, D.D.S., AND
GEORGE R. WARNER, M.D., D.D.S.,
1206 REPUBLIC BLDG.,
DENVER, COLO.

Please communicate directly with the Department Editors. Please enclose postage. Questions and answers of general interest will be published.

Thumb Sucking

Q.—My son, who is three and a half years of age, has the bad habit of sucking his thumb. He has been doing this now for about a year and a half.

I have put various patent anti-thumb suckers on his thumbs, but he eventually manages to destroy these. I have also tried bitter aloes on his thumbs, and he licks this off, apparently liking it.

As I am afraid of malocclusia and mouth-breathing, I am writing to ask you if you have a suggestion to make to stop this habit.—J.F.R.

A.—I can answer your question from our experience with our own son, who is just about the same age as yours and who formed the thumb-sucking habit at an earlier age.

We have broken him, or perhaps I should say, are now breaking him, of the habit by having him wear sleeping garments with long sleeves with strings to tie the hands inside the sleeves. I found it necessary to tie the cords in very hard knots to prevent his working them loose, but it works.

In case your son should suck through the outing-flannel gown, if you will fasten an ordinary pasteboard mailing tube over the sleeve in such a position as to prevent sufficient bending of the elbow to carry the thumb to the mouth, you will effectually prevent this occurrence, and eventually break the habit.—V. C. SMEDLEY.

Trigeminal Neuralgia

A.—A healthy railroad man of perhaps 50 years of age, for a year has had, off and on, a

"jumping pain," like that in a bad nerve, located in the region of the lower right second and third molars. Twenty years ago I removed all his teeth back of the cuspids on both sides. A specialist made x-rays of the locality and could find no root or trouble in the "healthy jaw." He was tempted to have me extract the cuspid. I objected because he will probably have the pain continue just the same. I will be grateful for light on the matter.—A.B.R.

A.—You were quite right in refusing to extract the cuspid in the case which you present in your letter. This might be a case of trigeminal neuralgia; and if it is, the etiology would be unknown and the treatment would be the alcoholic injection of the Gasserian ganglion, or the operation of the sensory root of this same ganglion. In either case, it should be handled by someone who has had previous experience with similar cases. In a certain few cases of pain of the nature described, where the mandible is edentulous or nearly edentulous, there is a closing-in of the bone in the inferior dental canal, causing pressure on the nerve. I had such a case, and relief was obtained only by injecting the nerve with alcohol at the point where one would inject it with novocaine for a mandibular anesthesia.

Some physicians have had experience with the handling of cases of this kind and do it well. If there is an oral surgeon in some large city near you, you would probably find that he could handle the case well.

I trust you will have a happy issue in this case.—G. R. WARNER.

Spontaneous Crossing of Eyes

Q.—In a children's dental clinic I took out a temporary lower second molar. The child came from a poor tenement section. The mother is without doubt ignorant. She says the child became cross-eyed by having the tooth removed. I have never seen the child or mother since, and that is 3 or 4 weeks ago. Did you ever hear of a similar case? Is such a thing possible?—E.A.P.

A.—It so happens that certain errors of refraction tend to spontaneous crossing of the eyes. This happens sometimes when a child is very much excited, either through fear or joy; so it might easily have happened as a result of the tooth extraction, but the tooth extraction could not be blamed for it because it would undoubtedly have happened sooner or later in just the same spontaneous fashion that it happened at this time. This child should be taken to an oculist, for in these cases the eyes can be uncrossed usually by correcting the error in refraction.—G. R. WARNER.

Case for the Neurologist

Q.—The other day I received a letter from a former patient of mine, about 25 years of age, describing a condition on which I should very much appreciate your opinion. I will copy her description:

"The first time this peculiar sensation started, it came into my lips and felt as if they were 'going to sleep.' They had a twitching feeling, and the more I rubbed them, the worse they felt. The first few months, it would last from 5 to 15 minutes and seemed to come about every six weeks. Then the intervals became shorter—about a month apart, and now sometimes two weeks apart; next time a month apart again. Now it always lasts about 35 to 40 minutes. It is always on the left half of my face and in my left hand (fingers and palm). For a time, it didn't come into the index finger and the next one to it, but now it is in the whole hand again. It always starts in my lips and never comes in my hand until my face has been affected for a few minutes. Lately it always leaves me with a severe headache, although at first there were no after-effects. This has been going on since February, 1930, at irregular intervals.

"I could draw a line down the middle of my face separating the side affected from the side not affected. I can feel it in my gums, tongue, and nose on the side affected."

I will appreciate very much your idea and opinion from the description given.—W.J.T.

A.—The case which you describe in your letter is probably one in which there is pressure on the center in the brain which controls the areas with which your patient is having trouble. This pressure is probably in the "Fissure of Rolando" and may be due to a small hemorrhage.

If my thought is correct in this regard, the case is entirely out of your field and should be referred to a neurologist. If she goes to a neurologist, I should appreciate having a copy of his report.—G. R. WARNER.

Still "Skeared"

Congratulations on attaining a happy majority. Your splendid work justifies your success.

Regarding the editorial with ballot attached on prohibition which the publisher admits he is "skeared" to print,* ORAL HYGIENE traditionally has always been brave. Let us have the editorial and the attached voting coupon.

How could the series, "Your Teeth,"† mentioned in the chronological record of the life of ORAL HYGIENE, be obtained for our Bradford papers?—HUGH J. RYAN, D.D.S., *Bradford, Pa.*

*ORAL HYGIENE, January, 1931, p. 8.

†Reprints of this series will be sent to those requesting them.

CLINICITIS

By WALTER H. JACOBS, D. D. S.

"A good dentist need never fear the loss of his practice because of dental clinics. If a dentist cannot keep a patient from the clinic, he would have lost the patient anyway."

THE degree to which the dental profession has been awakened to the "problem" of pay dental clinics, and school dental clinics (that have been using the school's name to the financial advantage of the clinic) may be best judged by the large amount of space given to this subject in the current dental journals. In almost every issue we may read articles denouncing or defending the clinics.

The idea of these clinics is not quite new. That is, the idea of doing dentistry "very reasonable"—" all kinds of dentistry"—"for the middle class" —especially the idea of making the clinic well known through the medium of newspaper articles, school publications, and in general advertising is not new.

These clinics say they can do "better dentistry at a more reasonable fee than the average practitioner"—(both of which statements may well be challenged by the profession!) Indeed these clinics are but the modernized old dental parlors!

And now the dental profession is suffering from an acute "clinicitis"—the fear of losing a private practice because of the "low fees and high class work" of these clinics — because the clinics may advertise as they do and seem to go unmolested by state authorities—because a few dentists have put the blame for their poor practices on the clinics.

Let us for a moment compare dentistry with the other professions and vocations—excluding medicine. Dentistry is a health service—dealing with the most sacred possession of the individual, his health. The dentist prevents and relieves physical discomfort and pain—the dentist makes life for the individual more bearable and more pleasant. The dentist is in close contact with the patient: he is in charge of what may be the most troublesome and painful of all the organs in the body, the teeth. And, because of all this a prime requisite is abso-

lutely essential to the success of the patient's treatment—confidence in the dentist. Confidence, trust, faith that the dentist will not harm or pain; confidence that the dentist will do what is right and in the proper manner; confidence that the dentist knows well the existing condition and its treatment—that is why the patient comes to the dentist for relief and care. And such confidence is not developed in the cold factory-like appearance of the clinic, amid the noise and bustle of a business-like administration, or at the ends of the quaking, awkward fingers of students! If the operators are not the well meaning, inefficient students, they are possibly the type of dentists who could not have made a success in private practice for various reasons, and have fallen back to the clinic for support.

Personal interest, that is what each patient would demand, individual care in his (or her) own personal dental problem—and the chance of obtaining this close contact in the dental clinics is negligible. Such care is only possible in the private office.

A good dentist need never fear the loss of his practice because of dental clinics. If a dentist cannot keep a patient from the clinic, he would have lost the patient anyway. Dentists have lost patients years ago and some men have been failures in dentistry since the profession was first practiced.

Don't blame the clinics! Are the successful dentists afraid of them? Why? Because they have inspired such confidence in their patients that no one and no clinic—no matter how intriguing its advertising—could make the patient leave them.

Another point to be considered: Is the clinic patient always desirable in a private practice? It would be interesting to the practitioner to observe the class of patients applying at the clinics.

The problem, if there is one, of these pay dental clinics, lies with each individual dentist as to its effect upon himself. If he can interest himself in each patient, if he will keep up with the scientific developments of his profession, if he will be reasonable and use judgment in quoting fees, if he can inspire confidence, he need never fear the loss of his patients to these clinics—nor fear about obtaining new patients through recommendation. "Tis an ill wind," you know; maybe this clinic problem is just the stimulant you needed!

MINUTE MOVIES OF THE CHICAGO MEETING

Presenting a few intimate sketches of the 67th Annual Session of the Chicago Dental Society.

TIME—February 2-5, 1931.
SETTING—Hotel Stevens, Chicago, Illinois.
CAST—Chicago Dental Society and prominent dentists throughout the country.
ART DIRECTOR—Lew Merrell, Chicago, Illinois.
SCENARIO—T. N. Christian, D.D.S., Pittsburgh, Pennsylvania.

THIS attempt to portray a few of the highlights of the Chicago Mid-Winter Clinic is intended only for those who were unfortunate enough not to attend. To those who were there, this account, or even the transcribed minutes of the meeting, may seem dull and totally lacking that indefinable enthusiasm that pervades each meeting of this Society.

With all due respect to contemporary meetings, the Annual Chicago Mid-Winter Clinic stands in a class by itself in the quality of its scientific presentations, its attendance, and its general interest.

Every dental society in the country should make it a point to study the organization and general management of this meeting in an attempt to elevate the standard of meetings throughout organized dentistry.

The attendance at this meeting is always a good indication of the interest aroused. The total attendance this year was 8010. Of this number 4800 were dentists, the balance being made up of visiting hygienists, technicians, students, exhibitors, guests, and others interested in the welfare of dentistry.

The Chicago Dental Society has always been given a great deal of helpful publicity in connection with the meeting among both the profession and the laity. This year the interest shown in the meeting was due to the active committee in charge of the program and to its Publicity Committee of which Dr. Roy M. Wilson was chairman. The Program Committee, under the direction of Dr. Stanley D. Tylman, worked diligently for months and deserves more than passing praise.

One phase of the publicity was the series of radio broadcasts which were scheduled for each day of the meeting. Chicago radio stations co-operated by broadcasting some of the principal addresses of the evening sessions. Among those who participated in these popular air messages were Harris W. McClain, D.D.S., president of the Chicago Dental Society; How-

ard R. Raper, D.D.S., of Albuquerque, New Mexico; Clark J. Hollister, D.D.S., Department of Health, Harrisburg, Pennsylvania; Weston A. Price, D.D.S., Cleveland, Ohio; Boyd S. Gardner, D.D.S., Mayo Clinic, Rochester, Minnesota; Milo Hellman, D.D.S., New York City; Arnold H. Kegel, M.D., Chicago Commissioner of Health, and E. H. Bruening, D.D.S., Omaha, Nebraska.

The Chicago Department of Health contributed to the meeting with practical demonstrations in hygiene and with exhibits showing the important work its various branches are doing in health matters.

The fact that visual education is occupying a more prominent place in both professional and lay education was clearly shown by the large number of moving pictures of both a technical and an educational nature used in Chicago by the Department of Health. These graphic and pictorial presentations have done a great deal toward educating school children in the necessity of diligent care of the mouth.

There were many exceptionally interesting and carefully prepared scientific exhibits this year. Among the outstanding ones were the three exhibits prepared by the local Chicago dental schools. The exhibit of Dr. George B. Winter, of St. Louis, attracted considerable attention, especially a case referred to as a third set of teeth in which there were approxi-

mately fifty-two impacted teeth in one mouth.

A new departure in this year's meeting was the Monday morning clinics given by the manufacturers exhibiting at the meeting. These were apart from the demonstrations given in the commercial exhibit hall and were well attended, as they provided an exceptionally practical method of acquiring new techniques. The co-operation given to manufacturers by the Society has played no small part in the success of these annual clinics, as the manufacturers are loyal supporters of the Society and give it a great deal of helpful publicity throughout the country.

One of the most impressive sections of the entire meeting was the clinic regularly conducted by the members of the local Society. This year there were approximately one hundred and sixty-five individual clinics conducted by members of the Chicago Society, covering every conceivable phase of dental practice. This Society has within its own ranks such a varied and talented list of clinicians that it could without doubt conduct a creditable meeting without the assistance of outside men; but, of course, a national representation is necessary and very helpful to the general interest of the meeting.

Tuesday was largely given over to the presentation of papers on the various branches of dentistry. In the operative section, Dr. E. H. Bruening, of Omaha, presented a scholarly

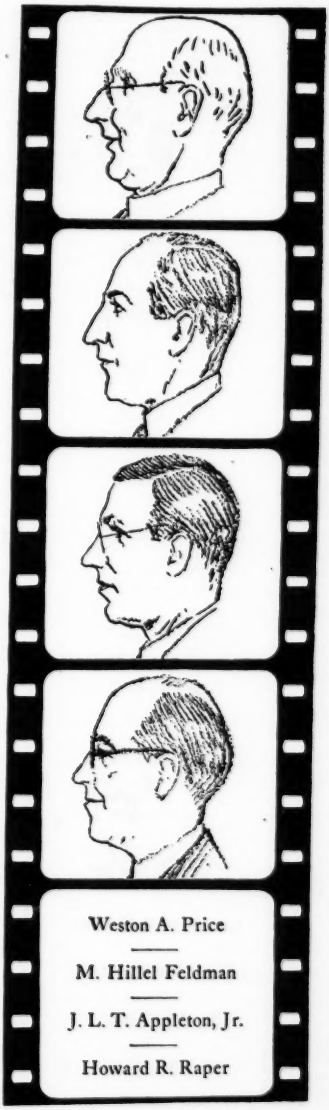
paper stressing the importance of a thorough knowledge of tooth conformation. He believes that the ultimate success of any restoration depends largely upon the dentist's knowledge and application of proper contour and alignment of teeth in the dental arch. Proper tooth form is necessary not only from the standpoint of sanitation but in consideration of the stress applied to the underlying tissues.

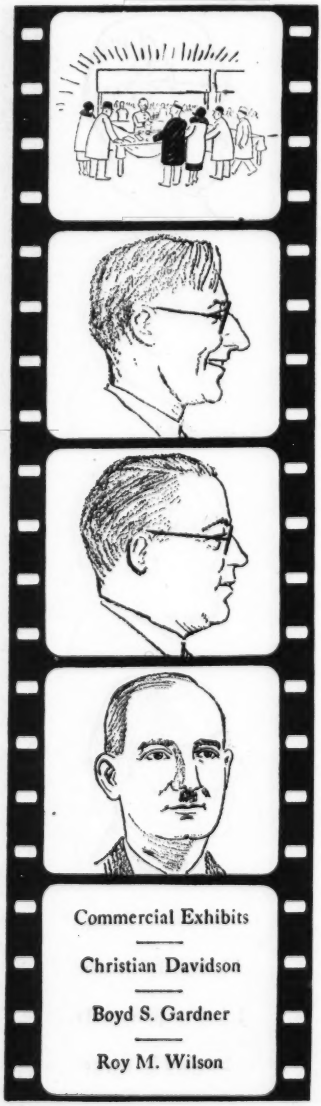
Dr. Donald E. Smith, of Los Angeles, made a plea for more universal application of the partial veneer type of abutment in bridgework because of its esthetics, strength, and tooth conservation qualities.

Herman Becks, M.D., presented the physician's conception of pyorrhea alveolaris as a constitutional disease and considered the etiology during its early stages. His lecture included clinical pictures of blood and saliva as included in a complete medical examination.

In an illustrated address, Dr. Weston A. Price, of Cleveland, presented evidence to support his contention that we now have scientific evidence of dietary control of dental caries in both the child and the adult. Dr. Price always commands respectful consideration of his statements, owing to the fact that his entire professional career has been unselfishly devoted to the study of scientific subjects so vital to the dental profession.

A pleasing and fitting tribute to the late Dr. Edward H. Angle was given in the ortho-





dontia section by Dr. Frank H. Gough, of Brooklyn. Dr. Gough traced the development of orthodontia as a specialty and showed how Angle's conception of orthodontia has coincided with that which we now hold.

Dr. Frank W. Rounds, of Boston, considered oral surgery from the anesthetic standpoint and analyzed the comparative values of local and general anesthetics, while emphasizing the importance of training, operative technique, adequate assistance, and modern equipment.

Panel dentistry occupied a prominent place in the economic discussions. Drs. C. N. Johnson, A. M. Simons, and Nathan Sinai indicated in their discussions that the matter of health and state insurance is cause for deep concern by both the medical and dental professions, and that panel dentistry is perhaps closer than we realize.

Dr. Herbert E. Phillips, who has also devoted a great deal of study to the broader aspects of dental economics, contributed some very worth while thoughts to this subject. Dr. Phillips does not feel that there is a serious possibility of insurance companies instituting a system of panel dentistry but that the profession must be even more watchful because of measures that will come through governmental sources. He, undoubtedly, is more conversant with the subject of state and panel dentistry than any other American dentist and his statements

should be heeded carefully by the dental profession.

Dr. R. O. Schlosser, of Northwestern University, gave an illustrated lecture on the various methods of tooth arrangement considered from both functional and esthetic requirements.

In the orthodontia section, Dr. Milo Hellman, of New York City, considered especially the Class III types of malocclusion and advocated a deeper knowledge of the whole subject of orthodontia in relation to the nature of development of the face, jaws, and teeth.

In the second general evening session, Glenn Frank, president of the University of Wisconsin, familiar and popular speaker before dental audiences, talked on the subject, "A Guess at the American Future." He senses the fact that there are certain to be great economic changes in both medicine and dentistry during the next few years. Dr. Frank believes that the economic future of the dental profession depends solely upon the quality of the statesmanship displayed by the leaders of organized dentistry at the present time and up to the time that governmental forces intercede. He further contends that if both medicine and dentistry will arise and endeavor to meet the economic need for more dentistry, state and government intervention will not become a necessity.

Dr. Frank's advice, or perhaps we should say, friendly

A. P. Grunn

John H. Cadmus

F. B. Rhobotham

Frederick B. Noyes

warning, should cause every dentist to stop and give serious consideration to methods of taking care of that great mass of people who today are not disposed to have dentistry done and in turn can ill afford to pay for their dentistry at the current scale of fees.

One of the very timely and practical events of the meeting was the debate between Dr. J. M. Prime, of Omaha, and Dr. A. P. Grunn, of Chicago, on the relative values of the gold foil filling and the gold inlay. Dr. Prime asserted that there is no quarrel between the gold foil and gold inlay operator as there is an absolute necessity for both and each requires a high degree of skill if it is well done.

Dr. Prime believes that the gold foil filling has, through its years of use, proved itself worthy of first place among our filling materials in those cavities where its use is definitely indicated. Every operator should be capable of judging the indication for each type of filling and should further be able to perform each operation equally well.

In presenting the gold inlay side of the debate, Dr. Grunn stated that the inlay had revolutionized dentistry and that it had almost sounded the death knell of the gold foil filling. Because of the saving of time for the patient and operator and the minimized wear and tear on the nervous system, patients today demand inlays. Dr. Grunn stated that inlay technique has

progressed since 1905 but that foil technique has remained practically the same. He further cited the intense interest shown by study clubs and dental societies in inlay work as an argument in favor of the inlay.

Other arguments that Dr. Grunn advanced were that gold foil was limited to use in proximal cavities in anteriors and in pits and fissures in bicuspids and molars. He also discredited the idea that foil fillings require more skill than inlays and stated that the personal equation enters into any filling.

This debate was intensely interesting but probably accomplished very little in the advancement of technique, as most modern operators know that each type of filling has its limitations and that it is necessary for them to decide upon the filling that best suits the individual case.

No dental meeting is complete without Dr. Clark J. Hollister, of the Health Department of Pennsylvania. Dr. Hollister, although a young man, is one of the pioneers in the propagation of the oral hygiene idea. He has done an immense amount of good in the schools of his state and has been a leader in the movement to spread the doctrine of oral health. He has an unlimited amount of enthusiasm and practical ideas for the advancement of knowledge of oral hygiene, and it would be worth while for dentists and hygienists who are eager to educate their public to

Glenn Frank

Clark J. Hollister

Miss Evelyn Odegard

Donald E. Smith

Clyde H. Schuyler

A. T. Rasmussen

C. F. Stine

Ralph H. Boos

communicate with Dr. Hollister at Harrisburg, Pennsylvania.

Dr. Howard R. Raper, of Albuquerque, showed that dentistry has a most unusual opportunity to influence public opinion regarding health conditions and asked for a more intelligent interpretation of dental roentgenograms.

Dr. Walter H. Wright, of Pittsburgh, paid an appropriate tribute to the late Rudolph L. Hanau and interpreted some important prosthetic findings which Mr. Hanau had hoped to present personally at this meeting. Dr. Wright also disclosed some investigations of this own along the lines of the importance of balanced occlusion.

When is a partial denture successful? Dr. Clyde H. Schuyler, of New York City, outlined the requisites of a successful partial denture and showed that we must have accuracy of adaptation of saddles, proper distribution of stress, carefully selected clasps, and balanced occlusion.

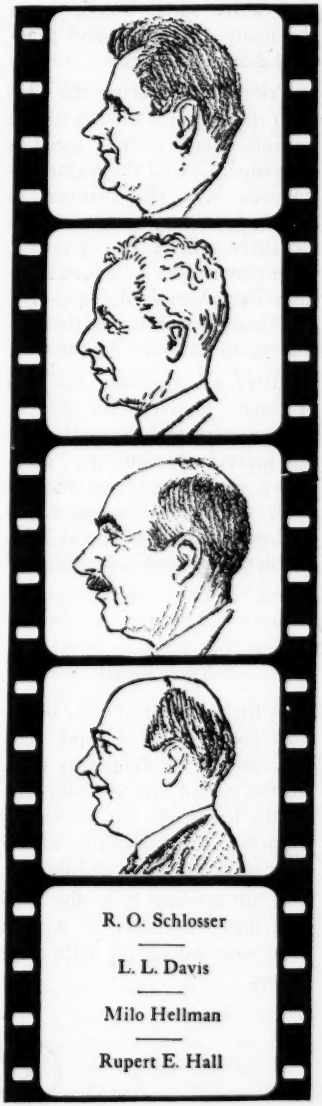
Dr. Edward J. Ryan, of Chicago, discussed the economic aspects of preventive dentistry and showed that there is a wide gap between some of our theories and their incorporation in practice. In his talk, Dr. Ryan embodied an infectious enthusiasm for real preventive dentistry and proved that economic success comes through application of practical service to the patient.

Sometimes the dentist who has only an average practice feels that much of the discussion

at dental meetings is intended only for men who have exceptional practices or who have unusual ability along certain lines. To disprove this theory, along came Dr. Charles R. Lawrence, of Enid, Oklahoma, with a talk that dealt with economic problems that the average dentist encounters. Dr. Lawrence gave a practical lecture on office system, collections, investments, and the many other problems that confront the dentist in either the small town or in the large city.

The general clinics, held Thursday afternoon, are one of the high spots of the Chicago meeting. They present such a varied picture of dental activities that it would be difficult to outline the many subjects covered. There were approximately one hundred and seventy of these clinics, practically all by men from outside the Chicago Dental Society. In spite of the fact that they were the last thing on the program, they drew a large crowd.

The most impressive thing about the Chicago Mid-Winter Clinic was the fact that it emphasized the value of organized dentistry. The dentist who is not a member of the A.D.A. and who does not attend these meetings cannot imagine his loss. It is true that some of the lectures and clinics do not appeal to every dentist. Some of the ideas advanced may be entirely out of harmony with some practices and communities, but there is no dentist who could



R. O. Schlosser

L. L. Davis

Milo Hellman

Rupert E. Hall

not derive some benefit from the many discussions and practical demonstrations.

Prior to and during the Chicago meeting, the officers of the various state dental societies convened. One of the major discussions was the manner in which the strength of organized dentistry might be increased. The new slogan is "More Dentists For Organized Dentistry"—a thought well worth the consideration of every dentist.

After all, dentistry has two ultimate motives—the benefit of humanity and the welfare of its individual members. Dentistry cannot progress successfully unless it works as a unified body; progressive and helpful dentistry cannot be rendered unless all its members are working to that end.

ORAL HYGIENE has regularly reported the annual meeting of the Chicago Dental Society with one aim in view—to show to those who do not belong to any organized branch of dentistry, the benefits derived from membership in a body devoted to the furtherance of its individual members' interests, and to better dentistry.

There will be important changes in the economic status of dentists within the next few years. You will have a voice in the matter only if you belong to your local dental society.

The story of the Chicago Mid-Winter Dental Clinic thus ends with a plea for organized dentistry.

Spellbound

A little patient of mine wrote this poem which I think tells her fears and feelings very well. In the second line, she also tells us the lesson she has learned in regard to the importance of the care of the teeth in childhood.

I am sending it in the hope you may find space to publish it in your wonderful little magazine.

THE DENTIST

CHARLOTTE WALSER, 10 years

I had to go to the dentist,
You should tend to your teeth in your youth;
And my knees, oh! how they were shaking;
I was afraid he'd pull my tooth.

But all my fears were for nothing,
As very soon I found.
He didn't pull that tooth at all!
Well, I went home spellbound.

—H. C. PARK, D.D.S.,
Sioux Falls, S. D.

The Tribal Instinct

I am writing in answer to Dr. Freiot's letter in the December issue* of ORAL HYGIENE. No doubt, there are honest and dishonest dentists among the so-called ethical men, but this does not excuse the existence of advertisers.

For a few minutes, let us get back to the fundamentals of economics. If all dentists and physicians advertised, there would be no greater total of patients among them all than if none of them advertised. (This statement does not refer to ethical educational articles by dental and medical societies, of which there are, unfortunately, too few.)

If all professional men ran ads in newspapers, each man would have an additional item, a very large one, in his overhead expense. The newspapers would be making all the money. The situation would be similar to that existing in the radio industry. The answer to the famous question, "Who made all the money in the radio industry?" is: "The advertising agencies, the newspapers, and the magazines!"

So, professional men have come together and made a gentlemen's agreement to observe certain rules for the good of all. This standard of professional conduct is called the code of ethics. The most important rule is that against advertising.

Of course, a physician or a dentist can break away from the code, and so gain a temporary advantage over the rest of his fellows at their expense; but, if all broke away, all would be worse off instead of better. The code of ethics should, and does, appeal to a certain inner sense of the fitness of things. It cannot be enforced except by each man's own honor and his better instinct not to take an unfair advantage of his fellow. Some claim that this instinct has its basis in a man's fear of being stabbed in the back himself, but such is not the case. The feeling is a higher thing than that. It has its basis in the tribal instinct—that which has, through the ages, caused men to come together for their mutual good, and which has produced whatever is admirable and fine in any system of government.

Of course, the present system of private practice has its faults, and there are very many forms of unfair advantage and selfish exploitation; but I will not attempt to preach socialism here, as I am not sure of the policies of this publication.

Suffice it to say, that the code of ethics has gone far, if not all the way, in showing men the proper mode of conduct, and could well be applied to all man's dealings in every phase of life.—ALFRED T. KING, D.D.S., *Chicago, Ill.*

*ORAL HYGIENE, December, 1930, p. 2685.

LAFFODONTIA

If you have a story that appeals to you as funny, send it in to the editor. He MAY *print it—but he won't send it back.*

Salesman: "What would your wife say if you bought a new car?"

Carl: "'Look out for that traffic light! Be careful now! Don't hit that truck! Why don't you watch where you're going? Will you never learn?' And a lot more like that."

Policeman (at 2 A. M.): "Out a little late, aren't you, old man?"

Tough-looking Customer: "Yes, perhaps, but it's the only chance us pedestrians get."

A wealthy old Iowa lady was very ill and sent for her lawyer to make her will. "I wish to explain to you," she said weakly, "about disposing of my property."

The lawyer was sympathetic. "There, there, don't worry about it," he said soothingly, "just leave it to me."

"Oh, well," squeaked the old lady, resignedly, "I suppose I might as well. You'll get it anyway."

"Ten dollars fine."

"Can you change a 20?"

"Nope. Twenty dollars fine."

He: "What size shoe do you wear?"

She: "Well, seven is my size, but eights are so comfortable I wear nines."

"Darling, I won a medal at the cookery school."

"Wonderful! But tell me, what is this I am eating?"

"Guess?"

"Your diploma."

"Say, that guy Oscar was so lubricated last night that he sold the post office."

"Well, why so down in the mouth about it?"

"Because I bought it."

Father (reading aloud): "After a time, he awoke and found himself a very rich man."

Mother (very modern): "I wouldn't read the boy fairy stories, dear."

Father: "Fairy story, my eye! That's an account of a prize fight."

Doctor: "H'm! Severe headaches, billious attacks, pains in the neck—h'm! What is your age, madam?"

Patient (coyly): "Twenty-four, doctor."

Doctor: "H'm! Loss of memory, too."

"Do you know if the editor has looked at any of the poems I sent him?"

"Yes, sir, he glanced through them this morning."

"Oh—just a cursory examination, I suppose?"

"You're right, sir. I never heard such language in all my life."

Another thing to be thankful for—that Floyd Gibbons is not a traffic cop!

First Steno: "So you went out to dinner with that fellow again last night? Same old menu, I suppose?"

Second Steno: "Yea, boloney, apple sauce, and razzberries."